

ORANGE COUNTY BOARD OF SUPERVISORS

A g e n d a R e v i s i o n s a n d S u p p l e m e n t a l s

Note: *This supplemental agenda is updated daily showing items that have been added, continued, deleted or modified. No new supplemental items will be added to the agenda following close of business on Friday immediately prior to a Board meeting.*

May 6, 2025

CONSENT

5. Deleted

DISCUSSION

19. Revised Title to read:
Health Care Agency - Approve amendment 1 to various contracts with Emergency Ambulance Service, Inc. and Care Ambulance Services for 9-1-1 basic life support emergency ambulance response transportation and related services for Exclusive Operating Areas A, B, C, D and E, ~~7/1/25~~ 6/1/25 - 8/31/25; and authorize County Procurement Officer or Deputized designee to execute amendments - All Districts
20. Deleted
21. Continued to 5/20/25, 9:30 a.m.

THE FOLLOWING AGENDA ITEMS HAVE HAD CHANGES TO THEIR RECOMMENDED ACTIONS SINCE RELEASE OF THE AGENDA TO THE PUBLIC:

Item: None

S u p p l e m e n t a l I t e m (s)

- S41A. **Health Care Agency** - Approve withdrawal of Lanterman-Petris-Short (LPS) designation of Aliso Ridge Behavioral Health, LLC as provider of involuntary detention, evaluation and treatment of mentally disordered individuals; and direct Health Care Agency to submit withdrawal of LPS designation to California Department of Health Care Services, Mental Health Division – District 5
- S41B. **Supervisor Nguyen** - Orange County Emergency Medical Care Committee - Appointment Dr. Van Vu, Fountain Valley, for term concurrent with First District Supervisor's term of office
- S41C. **Supervisor Sarmiento** - Approve sponsorship of various nonprofit entities from Second District events funds; approve addition or revision of events to FY 2024-25 County Events Calendar; make related findings under Government Code Section 26227; and authorize Auditor-Controller to make related payments

ORANGE COUNTY BOARD OF SUPERVISORS

A g e n d a R e v i s i o n s a n d S u p p l e m e n t a l s

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- S41D. **Vice Chair Foley** - Approve allocation of \$25,000 from Fifth District discretionary funds to Saddleback Medical Center Foundation; make related findings under Government Code Section 26227; authorize County Executive Officer or designee to negotiate and enter into agreement as necessary; and authorize Auditor-Controller or designee to make related payments
- SCS1. **County Counsel** - CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION - Pursuant to Government Code Section 54956.9(d)(1):
Name of Case: Orange County Flood Control District v. Fisher Scientific Company LLC, et al., San Bernardino Superior Court Case No. CIVSB2312118
- SCS2. **County Counsel** - CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION - Pursuant to Government Code Section 54956.9(d)(1):
Name of Case: David Castanon v. County of Orange, et al., San Bernardino Superior Court Case No. CIVSB2416192
- SCS3. **County Counsel** - CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION - SIGNIFICANT EXPOSURE TO LITIGATION - Pursuant to Government Code Section 54956.9(d)(2):
Number of Cases: Multiple
- SCS4. **County Counsel** - CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION - Pursuant to Government Code Section 54956.9(d)(1):
Name of Case: Claude Parrish, as County Assessor v. County of Orange Assessment Appeals Board, Assessment Appeal Application Nos. 22-006020, 22-006021, and 23-000325
- SCS5. **County Counsel** - CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION - Pursuant to Government Code Section 54956.9(d)(1):
Name of Case: Dalia Rodriguez v. County of Orange, Orange County Superior Court Case No. 30-2023-01320400-CU-WT-CJC
- SCS6. **County Counsel** - CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION - Pursuant to Government Code Section 54956.9(d)(1):
Name of Case: Alba Fierro v. County of Orange, WCAB Cases: ADJ17056032; ADJ6883819; ADJ2565716; ADJ2808601; ADJ1073110



Continuation or Deletion Request

Date: April 25, 2025

To: Clerk of the Board of Supervisors

From: Claude Parrish, Assessor

Re: ASR Control #: 24-001124, Meeting Date 05/06/25 Agenda Item No. # 5

Subject: **Renewal of Sole Source Contract with Brainsharp Inc.**

Request to continue Agenda Item No. # _____ to the _____ Board Meeting.

Comments:

Request deletion of Agenda Item No. # 5

Comments: Contract will be under the Cost Reduction Program with CPO processing the Participating Amendment.



CLERK OF THE BOARD

MEMORANDUM

April 25, 2025

To: Honorable Board of Supervisors

From: Jamie Ross, Assistant Clerk of the Board

Subject: Correction to Title 5/6/25, Item 19

CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

2025 APR 25 AM 10:06

RECEIVED


The title of the following agenda item title has been revised due to clerical error by the Clerk of the Board:

Health Care Agency - Approve amendment 1 to various contracts with Emergency Ambulance Service, Inc. and Care Ambulance Services for 9-1-1 basic life support emergency ambulance response transportation and related services for Exclusive Operating Areas A, B, C, D and E, ~~7/1/25~~ 6/1/25 - 8/31/25; and authorize County Procurement Officer or Deputized designee to execute amendments - All Districts

Cc: Leon Page, County Counsel
Michelle Aguirre, Interim CEO



Continuation or Deletion Request

Date: 04/24/2025
To: Clerk of the Board of Supervisors
From: Veronica Kelley, Agency Director, Health Care Agency 
Re: ASR Control #: 24-000893, Meeting Date 05/06/24 Agenda Item No. # 20
Subject: **Renewal Amendment for Outreach and Community Awareness Campaign**

Request to continue Agenda Item No. # _____ to the _____ Board Meeting.

Comments:

Request deletion of Agenda Item No. # 20

Comments:



MEMORANDUM

To: Robin Stieler, Clerk of the Board
From: Supervisor Donald P. Wagner, Third District
Date: April 28, 2025
RE: Continue Item 21

Please continue item 21 on the May 6, 2025 Board of Supervisors meeting to the May 20, 2025 Board of Supervisors meeting.

RECEIVED
2025 APR 28 AM 11:54
CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS



County Executive Office

Memorandum

RECEIVED
2025 APR 29 PM 2:47
CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

April 25, 2025

To: Clerk of the Board of Supervisors
From: Michelle Aguirre, Interim County Executive Officer
Subject: Exception to Rule 21

Digitally signed by
Michelle Aguirre
Date: 2025.04.28
08:36:54 -07'00'

MAguirre

S41A

The County Executive Office is requesting a Supplemental Agenda Staff Report for the May 6, 2025, Board Hearing.

Agency: Health Care Agency
Subject: Lanterman-Petris-Short Designation Withdrawal
Districts: 5

Reason Item is Supplemental: The attachments were finalized after the filing deadline to the Clerk of the Board due to the suspension of Aliso Ridge Behavioral Health, LLC (ARBH) designation status and the need to return to the Board of Supervisors to remove ARBH designation. ARBH is a psychiatric facility and needs the designation status to be removed as it is currently suspended.

Justification: This Agenda Staff Report must be approved on the May 6, 2025, Board Meeting to remove the designation status.

Concur:

Doug Chaffee

Doug Chaffee, Chair of the Board of Supervisors


cc: Board of Supervisors
County Executive Office
County Counsel

Agenda Item 841A
Clerk's Use Only



SUPPLEMENTAL AGENDA ITEM AGENDA STAFF REPORT

2025 APR 29 PM 2:47
CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS
RECEIVED

MEETING DATE: May 6, 2025
LEGAL ENTITY TAKING ACTION: Board of Supervisors
BOARD OF SUPERVISORS DISTRICT(S): 5
SUBMITTING AGENCY/DEPARTMENT: Health Care Agency
DEPARTMENT HEAD REVIEW: 
Department Head Signature
DEPARTMENT CONTACT PERSON(S): Veronica Kelley (714) 834-7024
Ian Kemmer (714) 831-2160

SUBJECT: Lanterman-Petris-Short Designation Withdrawal

CEO CONCUR Digitally signed by <i>Michelle Aguilre</i> Date: 2025.04.29 08:07:52 -07'00' <hr/> <i>Michelle Aguilre</i> CEO Signature	COUNTY COUNSEL REVIEW No Legal Objection <hr/> <i>Action</i> DocuSigned by: <i>Michelle Aguilre</i> 00514730F26D481...	CLERK OF THE BOARD Discussion 3 Votes Board Majority
Budgeted: N/A	Current Year Cost: N/A	Annual Cost: N/A
Staffing Impact: No	# of Positions:	Sole Source: N/A
Current Fiscal Year Revenue: N/A	County Audit in last 3 years N/A	
Funding Source: N/A	Levine Act Review Completed: N/A	
Prior Board Action: 2/6/2024 #13, 12/20/2022 #17, 2/8/2022 #S19F, 12/14/2021 #S39N		

RECOMMENDED ACTION(S)

Pursuant to Welfare and Institution Code 5150 et seq.:

1. Approve the withdrawal of the Lanterman-Petris-Short designation of Aliso Ridge Behavioral Health, LLC as a provider of involuntary detention, evaluation and treatment of mentally disordered individuals.
2. Direct the Health Care Agency to submit the withdrawal of the Lanterman-Petris-Short designation of Aliso Ridge Behavioral Health, LLC to the California Department of Health Care Services, Mental Health Division.

SUMMARY:

The Health Care Agency requests approval to withdraw designation of Aliso Ridge Behavioral Health, LLC as a provider of involuntary detention, evaluation and treatment of mentally disordered individuals for substantiated noncompliance.

BACKGROUND INFORMATION:

Welfare and Institutions Code Section 5150 et seq. authorizes that mentally disordered individuals requiring involuntary treatment may be placed in a facility designated by the County and approved by the State Department of Mental Health (aka the California Department of Health Care Services, Mental Health Division). All previous Board actions related to Aliso Ridge Behavioral Health, LLC (ARBH) are included in the table below.

Board Date	Contract/Amendment	Action	Term
December 14, 2021	Contract	Board Approved	February 12, 2022 – June 30, 2024
February 8, 2022	N/A	Board Approved LPS Designation	
December 20, 2022	Amendment No. 1	Board Approved Contract Increase of an amount not to exceed \$28,615,000	July 1, 2024 - June 30, 2026
February 6, 2024	Amendment No. 2	Board Approved to renew Contract and increase of an amount not to exceed \$62,005,000.	July 1, 2024 – June 30, 2026

On December 14, 2021, the Board approved the selection of and a contract with ARBH for the provision of inpatient behavioral health services.

On February 8, 2022, the Board approved designation of ARBH as a facility for involuntary detention, evaluation, and treatment for up to 119 beds for persons with mental health disorders and directed Health Care Agency (HCA) to submit that approval to the Department of Health Care Services.

On January 17, 2025, HCA issued to ARBH a Notice of Non-Compliance with Requirements of Lanterman-Petris-Short (LPS) Designated Facilities and Non-Compliance with Provisions of Contract MA 042-22010732. The notice identified the following deficiencies: failure to cooperate with the County’s Patients’ Rights Advocate; failure to properly document holds under Welfare and Institutions Code section 5250; failure to submit accurate invoices; and, failure to maintain staffing levels as required under Title 9 of the California Code of Regulations.

On February 5, 2025, ARBH submitted a Corrective Action Plan (CAP). On March 19, 2025, HCA Behavioral Health Services (BHS) issued a response to ARBH’s CAP noting the CAP was unacceptable and detailing specific areas of concern. Additionally, on March 19, 2025, the HCA Behavioral Health Director issued a Notice of Intent to Withdraw ARBH’s LPS designation status within 30 days of the notice and informing ARBH of its suspension status effective 14 days after the notice (i.e. April 2, 2025).

As provided under HCA BHS Policy and Procedure 04.03.05 LPS Designation of Facilities in Orange County, ARBH was granted a process to review this decision with the Behavioral Health Director on March 24, 2025, and then again on April 11, 2025, where ARBH provided an overview of their facility to BHS leadership. ARBH failed to demonstrate compliance with CCR, Title 9, Section 663 minimum staffing requirements for LPS Designated Facilities and also failed to comply with patients' rights provisions. Adherence to state mandated patients' rights processes is imperative in order to protect the rights of all who receive mental health services. In an acute care psychiatric inpatient setting the patients' right process ensures patients have due process, ensures an avenue exists to lodge complaints and grievances, and ensures all who seek mental health services have their basic rights protected. ARBH failed to follow the well establish and legislatively required patients' rights processes. As an acute care inpatient facility, with high-risk patients, maintaining the appropriate staffing ratio of 1 Registered Nurse to 5 patients is imperative in order to provide sufficient oversight of the units ensuring patient safety and quality of patient care. Additionally, ARBH demonstrated a lack of understanding of the LPS involuntary hold process and documentation requirements.

This action will bring the total number of designated inpatient facilities in Orange County to 16 with a total number of designated inpatient psychiatric beds to 710. These numbers include 15 designated jail beds, which have not been reduced. The HCA Behavioral Health Services Quality Management Services Program is working closely with the remaining designated facilities to minimize any adverse impact resulting from ARBH's failure to maintain its LPS designation. On April 17, 2025, HCA issued a notice to ARBH, and this action is being brought forward for Board approval.

The Health Care Agency requests that your Honorable Board withdraw the LPS designation of Aliso Ridge Behavioral Health and authorize the submission of the withdrawal to the California Department of Health Care Services, Mental Health Division as referenced in the Recommended Actions.

FINANCIAL IMPACT:

N/A

STAFFING IMPACT:

N/A

ATTACHMENT(S):

- Attachment A – January 17, 2025, Notice of Non-Compliance with Requirements of Lanterman-Petris-Short (LPS) Designated Facilities and Non-Compliance with Provisions of Contract MA 042-22010732
- Attachment B – February 5, 2025, ARBH Corrective Action Plan
- Attachment C – March 19 2025, Response to ARBH Corrective Action Plan
- Attachment D – March 19, 2025, Notice of Intent to Withdraw
- Attachment E – April 3, 2025, Suspension Letter
- Attachment F – April 17, 2025, Notice of LPS Designation Revocation
- Attachment G – Welfare and Institution Code 5150 et seq



VERONICA KELLEY, DSW, LCSW
AGENCY DIRECTOR

VACANT
ASSISTANT AGENCY DIRECTOR

LORRAINE DANIEL, MPA
DIRECTOR OF ADMINISTRATIVE SERVICES

ANNA PETERS
OPERATIONS & SUPPORT
ASSISTANT DEPUTY DIRECTOR

JUAN CORRAL
DIVISION MANAGER
PROCUREMENT & CONTRACT SERVICES

405 W. 5th STREET, SUITE 600
SANTA ANA, CA 92701
(714)834-6110
FAX: (714)834-2657

www.ohealthinfo.com

Sent via email:
Dorinda.mueller@alisoridgebh.com

January 17, 2025

Aliso Ridge Behavioral Health, LLC
Attn: Dorinda Mueller, BSN, NP, MSN
Chief Executive Officer
200 Freedom Lane
Aliso Viejo, CA 92656

**Re: Noncompliance with Requirements of LPS Designated Facilities and
Noncompliance with Provisions in Contract MA-042-22010732
Corrective Action Plan (CAP) Required**

Dear Ms. Mueller:

This notice pertains to Contract No. MA-042-22010732 for provision of Inpatient Behavioral Health Services between Aliso Ridge Behavioral Health, LLC (“ARBH”) and the County of Orange (“County”) effective February 12, 2022, through June 30, 2026 (“Contract”).

The County is informed, and has conveyed to ARBH, that ARBH is not in compliance with certain provisions of the Contract, as listed below. In addition to the immediate corrections indicated below, the County is demanding ARBH submit a detailed plan within 30 days outlining how ARBH will address and resolve the root cause(s) of the identified non-compliance and prevent recurrence. ARBH must submit this plan to AQISDESIGNATION@OCHCA.COM.

Failure to Cooperate with County Patient’s Rights Advocate
Paragraph XII, subparagraph A through C.2, of the Contract states:

“A. ADMINISTRATOR, any authorized representative of COUNTY, any authorized representative of the State of California, the Secretary of the United States Department of Health and Human Services, the Comptroller General of the United States, or any other of

Aliso Ridge Behavioral Health, LLC

**Re: Noncompliance with Requirements of LPS Designated Facilities and
Noncompliance with Provisions in Contract MA-042-22010732**

Corrective Action Plan (CAP) Required

January 17, 2025

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their authorized representatives, shall to the extent permissible under applicable law have access to any books, documents, and records, including but not limited to, financial statements, general ledgers, relevant accounting systems, medical and Client records, of CONTRACTOR that are directly pertinent to this Agreement, for the purpose of responding to a beneficiary complaint or conducting an audit, review, evaluation, or examination, or making transcripts during the periods of retention set forth in the Records Management and Maintenance Paragraph of this Agreement. Such persons may at all reasonable times inspect or otherwise evaluate the services provided pursuant to this Agreement, and the premises in which they are provided.

1. These audits, reviews, evaluations, or examinations may include, but are not limited to, the following:

- a. Level and quality of care, including the necessity and appropriateness of the services provided.
- b. Internal procedures for assuring efficiency, economy, and quality of care.
- c. Compliance with COUNTY Client Grievance Procedures.
- d. Financial records when determined necessary to protect public funds.

2. COUNTY shall provide CONTRACTOR with at least seventy-two (72) hours' notice of such inspections or evaluations. Unannounced inspections, evaluations, or requests for information may be made in those situations where arrangement of an appointment beforehand is not possible or is inappropriate due to the nature of the inspection or evaluation.

B. CONTRACTOR shall actively participate and cooperate with any person specified in Subparagraph A. above in any evaluation or monitoring of the services provided pursuant to this Agreement and shall provide the above-mentioned persons adequate office space to conduct such evaluation or monitoring.

C. **AUDIT RESPONSE**

1. Following an audit report, in the event of non-compliance with applicable laws and regulations governing funds provided through this Agreement, COUNTY may terminate this Agreement as provided for in the Termination Paragraph or direct CONTRACTOR to immediately implement appropriate corrective action. A CAP shall be submitted to ADMINISTRATOR in writing within thirty (30) calendar days after receiving notice from ADMINISTRATOR.

2. If the audit reveals that money is payable from one Party to the other, that is, reimbursement by CONTRACTOR to COUNTY, or payment of sums due from COUNTY to CONTRACTOR, said funds shall be due and payable from one Party to the other within sixty (60) calendar days of receipt of the audit results. If reimbursement is due from CONTRACTOR to COUNTY, and such reimbursement is not received within said sixty (60) calendar days, COUNTY may, in addition to any other remedies provided by law, reduce any amount owed CONTRACTOR by an amount not to exceed the reimbursement due COUNTY."

ARBH is not in compliance with this provision, as demonstrated by the following:

Aliso Ridge Behavioral Health, LLC

**Re: Noncompliance with Requirements of LPS Designated Facilities and
Noncompliance with Provisions in Contract MA-042-22010732**

Corrective Action Plan (CAP) Required

January 17, 2025

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- A. Each County Behavioral Health Director is required to appoint or contract for the services of a County Patient's Rights Advocate (PRAS) program (Welfare and Institutions Code ("WIC") section 5520). PRAS are legally delegated to perform all the following duties: receive and investigate complaints from patients or residents in mental health facilities, monitor mental health facilities for compliance with patient's rights provision, provide training about mental health law, and ensure that all mental health clients are notified of their rights. As an LPS-designated facility, ARBH is a mental health facility that is covered by the aforementioned regulations.
- B. Turn Behavioral Health Services, Orange County's contracted PRAS, has cited WIC 5520 to ARBH administrative team on several occasions:
- 1) December 2022, PRAS reminded ARBH they must report all admissions of minors.
 - 2) January 2023, PRAS issued a memo to ARBH that reiterated PRAS' authority to monitor and investigate complaints, monitor LPS designated facilities, and investigate potential patient's rights violations.
 - 3) April 2023 PRAS issued an additional memo that substantiated a parent-minor complaint and ARBH's failure to correct its deficiencies, and
 - 4) July 2023 PRAS issued an additional Corrective Action Plan ("CAP") again reiterating PRAS' authority to monitor and investigate on behalf of Orange County.
- C. During monthly contract meetings as recently as April 24, 2024, and August 28, 2024, ARBH has been reminded of the contractual expectations of allowing timely access to PRAS staff.
- D. Despite the repeated reminders, memos, CAPs issued, and trainings provided by PRAS, ARBH continues to fail to adhere to the statutory requirements of WIC 5520.
- 1) As of the date of this memo, ARBH continues to employ an internal patient advocate who circumvents the legally required grievance process by handling all client complaints in house and not forwarding complaints to the PRAS advocates.
 - 2) ARBH continues to not post the DHCS' required Patient's Rights posters in a prominent location in all units as well as continually failing to provide grievance forms for clients to fill out without assistance from staff.
 - 3) PRAS staff have been made to wait in the lobby of ARBH for extended periods of time. Thus, restricting the advocates' timely access to the units, clients, and charts.
 - 4) PRAS advocates have a set schedule of when they visit ARBH weekly, and the schedule is known to ARBH. There are no regulations requiring notice of a Patient's Rights Advocate visit to a facility if the visit is within customary work hours as stated in WIC 5530 (a) which states "County patients' rights advocates shall have access to all clients and other recipients of mental health services in any mental health facility, program, or services at all times as are necessary to

Aliso Ridge Behavioral Health, LLC

**Re: Noncompliance with Requirements of LPS Designated Facilities and
Noncompliance with Provisions in Contract MA-042-22010732**

Corrective Action Plan (CAP) Required

January 17, 2025

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investigate or resolve specific complaints and in accord with subdivision (b) of Section 5523". ARBH contract states that PRAS must provide 72-hour notice to the facility for scheduled visits. PRAS has set a weekly visitation schedule with ARBH to facilitate their work regarding grievances, yet the advocates are frequently made to wait for up to an hour in the lobby before being granted access to the units. The ongoing practice of ARBH citing 'short staffing' as a reason to deny the advocates expedient access to the units is not acceptable and shall cease immediately.

It is expected, within 14 days of this notice, ARBH will develop an internal process to collaborate with PRAS process which, at minimum, will: allow PRAS advocates access to all units without wait time beyond 15 minutes in the lobby; ensure posting of the DHCS required patients' rights in clearly visible areas in all units; make grievance forms, envelopes, and writing implements readily available in all units to allow client access at all times; and, prohibit ARBH's internal patient advocate from intercepting patient grievances and circumventing the state required grievance process. Any and all grievances that ARBH's internal advocate receives will immediately be provided to PRAS for review and investigation. Additionally, ARBH will immediately accept all valid Authorization to Disclose for records request after a patient discharges and a PRAS grievance investigation is occurring.

Failure to Properly Document WIC 5250 Holds

Paragraph XIII of the Contract states:

"A. CONTRACTOR, its officers, agents, employees, affiliates, and subcontractors shall, throughout the term of this Agreement, maintain all necessary licenses, permits, approvals, certificates, accreditations, waivers, and exemptions necessary for the provision of the services hereunder and required by the laws, regulations and requirements of the United States, the State of California, COUNTY, and all other applicable governmental agencies. CONTRACTOR shall notify ADMINISTRATOR immediately and in writing of its inability to obtain or maintain, irrespective of the pendency of any hearings or appeals, permits, licenses, approvals, certificates, accreditations, waivers, and exemptions. Said inability shall be cause for termination of this Agreement.

B. CONTRACTOR shall comply with all applicable governmental laws, regulations, and requirements as they exist now or may be hereafter amended or changed. These laws, regulations, and requirements shall include, but not be limited to, the following:

1. ARRA of 2009.
2. Trafficking Victims Protection Act of 2000.
3. WIC, Division 5, Community Mental Health Services.
4. WIC, Division 6, Admissions and Judicial Commitments.
5. WIC, Division 7, Mental Institutions.
6. HSC, §§1250 et seq., Health Facilities.
7. PC, §§11164-11174.3, Child Abuse and Neglect Reporting Act.
8. CCR, Title 9, Rehabilitative and Developmental Services.
9. CCR, Title 17, Public Health.
10. CCR, Title 22, Social Security.

Aliso Ridge Behavioral Health, LLC

Re: Noncompliance with Requirements of LPS Designated Facilities and Noncompliance with Provisions in Contract MA-042-22010732 Corrective Action Plan (CAP) Required

January 17, 2025

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- 11. CFR, Title 42, Public Health.
- 12. CFR, Title 45, Public Welfare.
- 13. USC Title 42, Public Health and Welfare.
- 14. Federal Social Security Act, Title XVIII and Title XIX Medicare and Medicaid.
- 15. 42 USC §12101 et seq., Americans with Disabilities Act of 1990.
- 16. 42 USC §1857, et seq., Clean Air Act.
- 17. 33 USC 84, §308 and §§1251 et seq., the Federal Water Pollution Control Act.
- 18. 31 USC 7501.70, Federal Single Audit Act of 1984.
- 19. Policies and procedures set forth in Mental Health Services Act.
- 20. Policies and procedures set forth in DHCS Letters.
- 21. HIPAA privacy rule, as it may exist now, or be hereafter amended, and if applicable.
- 22. 31 USC 7501 – 7507, as well as its implementing regulations under 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- 23. 42 CFR, Section 438, Managed Care Regulations

C. CONTRACTOR shall at all times be capable and authorized by the State of California to provide treatment and bill for services provided to Medi-Cal eligible Clients while working under the terms of this Agreement.”

ARBH is not in compliance with this provision. The Orange County Health Care Agency (“HCA”) Office of Compliance (“OOC”) received two allegations regarding documentation and billing practices at ARBH on August 1, 2024. The first allegation stated, “the majority, if not all, 5250’s written on the 2East/2West units are written by nurse practitioners who are not LPS designated at the facility.” Additionally, it was reported in allegation one that nurse practitioners use a blank copy of WIC5250 hold petitions that have been pre-signed by the psychiatrist.

The second allegation indicated that the psychiatrist does not complete the initial evaluation of new patients admitted to the facility. This allegation further states the psychiatrist delegates this duty to nurse practitioners who document the initial evaluation under the psychiatrist’s name despite the psychiatrist never being at the facility. The OOC investigated both allegations and through their investigation substantiated both allegations.

Specifically regarding WIC 5251, ARBH continues to allow 5250 holds to be signed by non-LPS designated staff are holds are inaccurate. HCA OOC reviewed 119 involuntary holds written at ARBH between February and July 2024. It was found that 103 out of the 119 holds were missing required elements. Thirteen (13) WIC5250 holds were missing the second signature. Three (3) of the 13 holds identify a psychiatrist who is not LPS designated as the initiator of the hold. One (1) of these 13 holds is missing the signature for a psychiatrist or psychologist. Ninety (90) WIC5250 holds include signatures of individuals who are not LPS designated for the second signature. Further review identified 76 out of 82 holds written by one psychiatrist include copies of his signature rather than original signatures. As such, ARBH is non-compliant with WIC 5251 by

Aliso Ridge Behavioral Health, LLC

**Re: Noncompliance with Requirements of LPS Designated Facilities and
Noncompliance with Provisions in Contract MA-042-22010732**

Corrective Action Plan (CAP) Required

January 17, 2025

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having non-LPS designated staff sign the notice of certification (5250 form), having incomplete required elements, and non-original signatures resulting in a client being held at the facility via an invalid LPS hold.

As of September 2024, ARBH submits copies of all holds initiated at their facility to Behavioral Health Services (BHS), Quality Management Services - Inpatient Designation team on a monthly basis. As of December 6, 2024, ARBH is continuing to have staff who are not LPS Designated sign involuntary hold forms and required elements are missing.

Further, the HCA's Office of Compliance review determined that the above cited services claimed were submitted under the credentials of staff who were either ineligible to render the service or who were not physically present at the facility at the time of the service. Additionally, ARBH was unable to provide verification to support the services for which it was paid. The above has resulted in a substantiated False Claims allegation for services claimed to Medi-Cal for the members under age 21 or 65 and older. The False Claims Act (31 USC 3729) identified liability for certain acts for any person who knowingly presents, or causes to be presented, a false or fraudulent claim for payment of approval. This finding will require corrective actions and repayments by ARBH.

It is expected, within 24 hours of this notice, that ARBH will have all LPS Designated forms completed only by an LPS-Designated staff member, all required elements will be included on those forms, and forms will only have original signatures. To verify this compliance ARBH will submit copies of all completed LPS Designated forms from the prior day, on a daily basis by 9:00 am, to AQISDESIGNATION@OCHCA.COM.

To address ineligible claims to Medi-Cal, ARBH is to identify all Medi-Cal members served during the period of this review and submit a re-payment plan to describe how services will be credited and repaid to Medi-Cal within 30 days of this notice. Once all claims that are subject to repayment have been identified and quantified, ARBH must issue repayments to Medi-Cal within 60 days.

Failure to Submit Accurate Invoices

Exhibit A, Paragraph IV subparagraph P.1 through P. 5. a., of the Contract states:

- “1. CONTRACTOR shall bill ADMINISTRATOR at the rate of \$950.00 per bed day for Clients admitted between the ages of 22 and 64 years of age that meet the medical necessity for acute inpatient hospital services and who also meet the criteria approved by DHCS and the guidelines under Title 9, Chapter 11, Section 1820.202.
2. Rates are inclusive of all psychiatric inpatient hospital services and shall constitute payment in full for these services.
3. COUNTY will pay for ambulance or medical van transportation to and from designated mental health or health facilities for COUNTY Clients receiving services in accordance with the COUNTY's Medical Transportation contract.
4. CONTRACTOR's invoice shall be on a form approved or supplied by COUNTY and provide such information as is required by

Aliso Ridge Behavioral Health, LLC

**Re: Noncompliance with Requirements of LPS Designated Facilities and
Noncompliance with Provisions in Contract MA-042-22010732**

Corrective Action Plan (CAP) Required

January 17, 2025

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ADMINISTRATOR. Invoices are due the tenth (10th) day of the following month. Invoices received after the due date may not be paid within the same month. Payments to CONTRACTOR should be released by COUNTY no later than thirty (30) calendar days after receipt of a correctly completed invoice.

5. Upon receipt of a correctly completed billing form and all required supporting documentation, ADMINISTRATOR shall:

a. Approve the claim if medical necessity criteria are present for the requested reimbursement period.

b. Deny the claim if medical necessity criteria are not present for the requested reimbursement period.”

ARBH has not been in compliance with this provision. ARBH is contractually required to submit to County correctly completed billing documentation on a monthly basis for the provision of Inpatient Behavioral Health Services for Clients admitted between the ages of 22 and 64 years of age that meet the medical necessity for acute inpatient hospital services and who also meet the criteria approved by DHCS and the guidelines under Title 9 Section 1820.220 by the tenth (10th) day of each month. However, ARBH has not submitted accurate monthly invoices as required by the Contract. ARBH has routinely submitted inaccurate invoices with several discrepancies. County staff communicated the non-compliance related to discrepancies via email requesting the invoices be corrected. It was also discussed with ARBH during the meeting that was scheduled on August 9, 2024, email communication sent to ARBH on September 16, 2024, and County’s monthly provider meetings with ARBH held on September 25, 2024.

It is expected that ARBH will submit a detailed plan addressing the root cause(s) resulting in the issues outlined above in the Payment section mentioned and how it will bring itself into compliance, and ensure future compliance, with the above contractual provisions. This plan and/or other documentation must be submitted to County’s Contract Administrator within thirty (30) calendar days of the date of this letter.

Additionally, based on the findings by the HCA Office of Compliance described above, it is deemed that ARBH improperly collected payment from the Health Care Agency for clients between ages 22 and 64 admitted to the facility. To address ineligible invoicing to HCA, ARBH is to identify all HCA clients served during the period of this review for whom ARBH received payment directly from HCA and submit a re-payment plan within 30 days of this notice.

Failure to Staff Facilities Consistent with Title 9 and Best Practices

Exhibit A, Paragraph VII subparagraph A through B.6, of the Contract states:

“A. CONTRACTOR shall provide clinical staffing as required by CCR, Title 9, Section 663. CONTRACTOR shall provide professional, allied, and supportive paramedical personnel to provide all necessary and appropriate Psychiatric Inpatient Hospital Services. CONTRACTOR must provide sufficient staff to support the services provided pursuant to the Agreement.

B. CONTRACTOR shall provide the following administrative staff:

Aliso Ridge Behavioral Health, LLC

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1. Administrative Director who qualifies under Title 9, CCR, Section 620(d), 623, 624, 625, or 627;
2. Clinical Program Director who qualifies under Title 9, CCR, Section 620(d), 623, 624, 625, or 627;
3. Psychiatric Medical Director who qualifies under Title 9, CCR, Section 623, who shall assume medical responsibility as defined in Title 9, CCR, Section 522;
4. Clerical support;
5. Staff who reflect the linguistic and cultural patterns of the population to be served;
6. Staff to comply with Concurrent Review processes as outlined in DHCS Information Notice 19-026 and COUNTY Policies and Procedures to ensure notification to the COUNTY third party contractor of Client admission within twenty-four (24) hours of admission.”

ARBH is not in compliance with this provision. ARBH continues to report to staffing to Title 22 vs. Title 9 as required for LPS Designation. ARBH was initially LPS Designated by the Orange County Board of Supervisors on February 8, 2022. A regulatory requirement of an LPS Designated facility that provides involuntary psychiatric services is adherence to California Code of Regulations (CCR), Title 9, Section 663 minimum staffing requirement for inpatient services. On November 19, 2021, as part of QMS LPS Designation review and approval of ARBH’s initial facility LPS designation criteria, the psychiatric medical director of ARBH, Dr. Peter Nierman, MD, provided a signed attestation to HCA that the facility will maintain adherence to the aforementioned Title 9 minimum staffing. A 24-hour staffing matrix was also provided by the facility as part of their initial LPS Designation indicating adherence to Title 9 minimal staffing requirement for all of their units. Additionally, on February 9, 2022, the HCA Behavioral Health Director, Dr. Veronica Kelley, provided a written attestation to the California Department of Health Care Services (DHCS) that ARBH to “the best of my knowledge and belief” meets and will maintain CCR Title 9, Article 10, Section 663 minimum staffing requirements for inpatient services.

Despite both the facility and the County Behavioral Health Director attesting to adhering to the Title 9 minimal staffing requirements, the facility has failed to maintain Title 9 minimal staffing requirements. ARBH has stated that it is their belief that as an Acute Psychiatric Hospital they are able to staff their units to CCR Title 22 staffing regulations. ARBH’s representation references the wrong standard and is inconsistent with the staffing attestations provided to the HCA as well as DHCS. Title 22 staffing regulations govern the operation of community care facilities, not LPS Designated inpatient facilities. Title 9 provides the applicable staffing regulations for LPS Designated inpatient facilities.

ARBH has been provided guidance on the requirement to staff all units to Title 9 regulations, not Title 22 regulations on three recent occasions: in person verbal conversation with QMS LPS Designation staff on October 10, 2024, during a contract meeting with HCA Crisis and Acute Care on November 20, 2024, and again via email on December 2, 2024. Despite the guidance provided

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by HCA, ARBH continues to staff to Title 22 requirements which is not an acceptable nor appropriate staffing for an LPS Designated facility.

It was also brought to the attention of HCA staff that ARBH may not have LPS Designated staff physically on-site 24 hours a day, 7 days per week. Having LPS Designated staff physically present at all times at the facility is a known and standard best practice requirement for LPS Designated facilities. ARBH has been reminded of this community standard previously on a number of occasions.

HCA is unable to provide Treatment Authorization Request (TAR) approvals or reimbursement for any services that do not meet the contractual obligations. Accordingly:

- 1) Within 24 hours of this notice, ARBH must staff all units to align with Title 9 minimum staffing requirements.
- 2) ARBH must immediately have LPS Designated staff physically on-site at all times—24 hours a day, 7 days per week.
- 3) ARBH is to halt any new admissions if their staffing does not meet these requirements. To verify this compliance, beginning immediately, ARBH is to submit, on a daily basis by 9:00 am, a copy of the nursing staffing assignment sheet to AQISDESIGNATION@OCHCA.COM.

The nursing staffing assignment sheet must include, at minimum, by unit: 1) Number of patients at start and end of each shift; 2) Staff members' First and Last name; 3) Licensure (RN/LVN/LPT) of staff member; 4) Indication if staff member is LPS Designated; and 5) First and Last name of LPS Designated staff that may be on-site in the facility but not providing direct nursing care.

Conclusion

ARBH's current status as an LPS designated facility approved by the Orange County Board of Supervisors and DHCS to detain and treat clients on involuntary psychiatric holds requires the facility to continuously meet all statutory and regulatory requirements. This notice identifies numerous ways in which ARBH is not in compliance with multiple LPS regulations and its contract with the County. A facility that fails to meet and maintain adherence to LPS regulations is at risk of losing facility LPS designation status and its contract with the County.

ARBH's failure to maintain adequate staffing, documentation standards, and required practices for maintaining LPS designation status further resulted in ineligible claims being submitted to Medi-Cal for payment and in improper invoicing to HCA for County clients.

It is the County's expectation that ARBH:

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- 1) Within 24 hours of this notice, hold all admissions until it can safely provide care to LPS patients as evidenced by meeting Title 9 minimum staffing requirements on all units and having LPS Designated staff physically on-site 24 hours a day 7 days per week. To verify this compliance, beginning immediately, ARBH is to submit, on a daily basis by 9:00 am, a copy of the nursing staffing assignment sheet to AQISDESIGNATION@ochca.com.
- 2) Within 24 hours of this notice, cease utilizing photocopied 5250 Forms pre-signed by a psychiatrist.
- 3) Within 24 hours of this notice, ensure only LPS Designated staff initiate involuntary holds.
- 4) Within 24 hours of this notice, ensure only LPS Designated staff provide advisement to patients on LPS holds.
- 5) Within 24 hours of this notice, ensure all LPS related forms include all required elements.
- 6) Within 14 days of this notice, ensure all Patients' Rights posters, grievance forms, envelopes, and writing materials are available on all patient units and accessible to all patients 24 hours a day 7 days per week.
- 7) Within 14 days of this notice, ensure PRAS staff are permitted timely access for all scheduled site visits.
- 8) Within 14 days of this notice, submit to QMS Designation a copy of the internal plan developed by ARBH on the steps that will be implemented to collaborate with the PRAS process.
- 9) Within 14 days of this notice, submit a policy that prohibits ARBH's internal patient advocate from intercepting patient grievances and circumventing the state required grievance process. Any and all grievances that ARBH's internal advocate receives will immediately be provided to PRAS for review and investigation.
- 10) Within 30 days of this notice, submit a detailed plan outlining how ARBH will address and resolve the root cause(s) of the identified non-compliance and prevent recurrence.
- 11) Within 30 days of this notice, ARBH is to identify all Medi-Cal members served during the period of this review and submit a re-payment plan to describe how services will be credited and repaid to Medi-Cal for members under 21 years or 65 and older. Once all claims that are subject to repayment have been identified and quantified, ARBH must issue repayments to Medi-Cal within 60 days.

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- 12) Within 30 days of this notice, ARBH is to identify all HCA clients served during the period of this review for whom ARBH received payment directly from HCA and submit a re-payment plan to the County.

If ARBH is unable to meet the above expectations related to designation within the specified timeframe(s), **LPS Designation Status** will be **SUSPENDED** 14 days from the expected completion date. If LPS Designation is suspended, ARBH will have 14 days from suspension date, to provide safe discharge or transfer of all clients on involuntary detention status to another LPS Designated facility. If LPS Designation is suspended, ARBH will need to work with Orange County QMS LPS Designation unit to restore this status.

Corrective Actions related to improper payments must be taken concurrently as those related to designation and are expected to continue beyond the initial timeline for completion of corrective actions related to designation status, as described above.

It is always the County's intent to maintain positive and productive relationships with its providers. The County appreciates working with you and your team in resolving these issues expeditiously and looks forward to continued collaboration with ARBH.

Thank you,

DocuSigned by:

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Division Manager, Procurement and Contract Services
Orange County Health Care Agency

Cc: Dr. Veronica Kelley, Agency Directory
Ian Kemmer, Behavioral Health Director, Behavioral Health Services
Annette Mugrditchian, Deputy Director, Behavioral Health Services
Lorraine Daniel, Director of Administrative Services
Susan Kessel, Procurement Contract Manager, Procurement and Contract Services
Imelda Iler, Procurement Contract Analyst, Procurement and Contract Services



STATEMENT OF DEFICIENCIES AND NOTICE OF CORRECTIVE ACTION PLAN

Notice Date: January 18, 2025

From: Administrative Services Procurement and Contract Services

RE: Noncompliance with Requirements of LPS Designated Facilities and Noncompliance with Provisions in Contract MA-042-22010732
Corrective Action Plan (CAP) Required

This notice pertains to Contract No. MA-042-22010732 for provision of Inpatient Behavioral Health Services between Aliso Ridge Behavioral Health, LLC ("ARBH") and the County of Orange ("County") effective February 12, 2022, through June 30, 2026 ("Contract").

I. Table of Deficiencies and Corrective Action Plan

Summary of Deficiency/Regulation	Document Content	Plan of Correction	Completion Date/Notes
A. Failure to comply with County Patient Rights Advocate Contract language...paragraph XII subparagraph A through C.2	As of the date of this memo, ARBH continues to employ an internal patient advocate who circumvents the legally required grievance process by handling all client complaints in house and not forwarding complaints to the PRAS advocates.	Restructure of the Patient Advocate position for ARBH. Job description and title updated to remove language of "Patient Advocate" and revised to "Court Liaison / Quality Department Coordinator" (attachment 1). In addition, ARBH employee badge also updated with new title.	1/20/2025
		Updated posters for outdated "Patient Advocate" position title revised for new title of "Court Liaison/Quality Department Coordinator." Signs laminated and placed on the units (attachment 2).	1/20/2025
		Patient "Complaint" box signage revised from "Grievance: Complaints & Compliments	1/20/2025

		<p>HERE” to “Suggestions and Compliments HERE.” All old signage removed and new signage placed on boxes on units (attachment 3).</p> <p>ARBH Compliment/Complaint/Suggestion internal form revised to avoid confusion with County Grievance form and process. Form updated to refer to process for County Grievances as well as staff follow up with patient to include education to County Grievance process. New form uploaded onto ARBH Shared drive for staff for use when patient wants to provide staff compliments or suggestions.</p> <p>Developed log for County Grievance volume mailed each day (attachment 4). Staff educated to process for receiving patient posted County Grievance envelopes and placement in locked postage boxes on each inpatient unit (attachment 6).</p>	<p>1/20/2025</p> <p>1/24/2025</p>
	<p>ARBH continues to not post the DHCS’ required Patient’s Rights posters in a prominent location in all units as well as continually failing to provide grievance forms for clients to fill out without assistance from staff.</p>	<p>Unit black canvas file folder system updated with new 10-pocket versions ordered to be placed by phones and create “Patient Rights” section for all information for patients on each unit. This space to include Patient Rights posters with Lexan plexiglass to avoid movement of posters (attachment 5).</p> <p>County Grievance forms to now be placed and located in “Patients’ Rights” section of the inpatient unit. County Grievance locked postage boxes ordered for staff usage with forms and avoid any staff assistance with completion (attachment 6). Court Liaison to unlock and post all envelopes received daily to include logging volume on log (attachment 4).</p>	<p>1/23/2025</p> <p>1/24/2025</p>

		<p>Daily rounding from ARBH 'Court Liaison' staff member to ensure par level of County Grievance forms for all languages with daily expectation to replenish needed forms during rounds. Par level of forms identified and printed for easy access by Court Liaison staff member. Forms saved onto ARBH intranet shared drive for access to correct and current forms at all times (attachment 7).</p>	1/24/2025
	<p>PRAS staff have been made to wait in the lobby of ARBH for extended periods of time. Thus, restricting the advocates' timely access to the units, clients, and charts.</p> <p>PRAS advocates have a set schedule of when they visit ARBH weekly, and the schedule is known to ARBH. There are no regulations requiring notice of a Patient's Rights Advocate visit to a facility if the visit is within customary work hours as stated in WIC 5530 (a) which states "County patients' rights advocates shall have access to all clients and other recipients of mental health services in any mental health facility, program, or services at all times as are necessary to investigate or resolve specific complaints and in accord with subdivision (b) of Section 5523". ARBH contract states that PRAS must provide 72-hour notice to the facility for scheduled visits. PRAS has set a weekly visitation schedule with ARBH to facilitate their work regarding grievances, yet the advocates are frequently made to wait for up to an hour in the lobby before being granted access to the units. The ongoing practice of ARBH citing 'short staffing' as a reason to deny the advocates expedient</p>	<p>Patient Rights communication phone tree drafted for staff availability upon arrival of all PRAS staff to avoid any delays. Plan for PRAS staff to also check in with hospital receptionist for door access badge for access to inpatient units (attachment 8).</p> <p>Process developed to provide PRAS staff with "Visitor County Patients' Rights Advocate" badge access upon arrival. Upon arrival PRAS to check-in and provide collateral (i.e., Driver's License or car keys) to receive 'Visitor' badge. Upon return of 'Visitor' badge, PRAS staff will be returned collateral item (attachment 9).</p> <p>Internal Log developed to document PRAS staff arrival to facility, response time by ARBH staff, and PRAS exit time for evaluation of process improvement opportunities (attachment 10).</p>	<p>1/21/2025</p> <p>1/20/2025</p> <p>1/20/2025</p>

	<p>access to the units is not acceptable and shall cease immediately.</p>		
<p>B. Failure to Properly Document WIC 5250 Holds</p> <p>Contract language...paragraph XII</p>	<p>HCA's Office of Compliance review determined that the above cited services claimed were submitted under the credentials of staff who were either ineligible to render the service or who were not physically present at the facility at the time of the service. Additionally, ARBH was unable to provide verification to support the services for which it was paid.</p> <p>The above has resulted in a substantiated False Claims allegation for services claimed to Medi-Cal for the members under age 21 or 65 and older. The False Claims Act (31 USC 3729) identified liability for certain acts for any person who knowingly presents, or causes to be presented, a false or fraudulent claim for payment of approval. This finding will require corrective actions and repayments by ARBH.</p>	<p>ARBH Door Card Access system services revised to support Door Card Access Badge log developed to track all access badges provided to staff, including students and approved visitors (attachment 11). Log to assist with deactivation of door badge cards upon separation of employment or suspension of privileges. Patient visitor process unchanged as patient visitors are screened through hospital receptionist and escorted to visitation areas. Patient visitors provided 'Visitor' wristbands and not door access badges.</p> <p>ARBH conducted audit of AIS admission systems and BESTCare electronic medical record to identify all 5250 legal holds written between February and July 2024. AIS report generated for all patient encounter discharges between January – August 1st, 2025. AIS report reviewed to filter by length of stay over 24 hours. Audit then of all patients on report through electronic medical record system BESTCare for 'Hold' and 'Legal' status indication. Medical record also reviewed for documentation of any legal holds throughout inpatient admission. All 5250 legal holds were reviewed for wet signature authentication validation. Patient encounters were reviewed for initial legal status on admission, duration of inpatient admission, and voluntary/involuntary hold status changes throughout admission. Medi-Cal members under the age of 21 and 65 years and over identified for repayment plan (attachment 12).</p>	<p>1/25/2025</p> <p>1/27/2025</p>

		Additionally, ARBH Medical Staff Committee conducted physician investigation in accordance with Medical Staff Bylaws to include suspension for allegations identified.	1/22/2025 – 2/19/2025
	It is expected, within 24 hours of this notice, that ARBH will have all LPS Designated forms completed only by an LPS-Designated staff member, all required elements will be included on those forms, and forms will only have original signatures. To verify this compliance ARBH will submit copies of all completed LPS Designated forms from the prior day, on a daily basis by 9:00 am.	<p>On 11/14/2024 clarification on advisement requirements for licensed staff versus LPS designated licensed staff was provided to ARBH with immediate implementation by ARBH. State requirements versus LPS Orange County expectations reviewed. Staff witnessing and advising patients is only LPS designated staff for ARBH. Monthly LPS designated staff lists received from LPS office and posted in Nursing department.</p> <p>ARBH support of LPS designated staff wet signatures and signature validation through blue ink/stamp pens. Staff that have passed LPS examination and vetted by LPS Office will be given a pen for use with legal holds. LPS Designated staff to sign holds in blue ink and use name stamp after signature to assist with identification of credentials (attachment 13).</p> <p>Daily submission of all legal holds written at ARBH to be emailed to LPS Office by 9 AM for review. Weekly meetings with County team members to provide any feedback to ARBH for opportunities for improvement.</p> <p>On-site daily LPS staffing tool developed for submission to LPS office daily at 9 AM to include LPS designated staff onsite involved in patient care and not involved in patient care. Form to include staff first & last name and credentials (attachment 14).</p>	<p>11/14/2024, reiterated 1/19/2025</p> <p>1/26/2025</p> <p>1/19/2025</p> <p>1/19/2025</p>

		<p>Medical Staff policy developed to support coverage calendar for onsite Psychiatrist/designated Psychologists for face-to-face evaluation of inpatients with 5150 legal holds expiring. Face-to-face coverage to include documentation in electronic medical record (attachment 15).</p>	<p>1/25/2025</p>
	<p>To address ineligible claims to Medi-Cal, ARBH is to identify all Medi-Cal members served during the period of this review and submit a re-payment plan to describe how services will be credited and repaid to Medi-Cal within 30 days of this notice.</p>	<p>ARBH conducted audit of AIS admission systems and BESTCare electronic medical record to identify all 5250 legal holds written between February and July 2024. AIS report generated for all patient encounter discharges between January – August 1st, 2025. AIS report reviewed to filter by length of stay over 24 hours. Audit then of all patients on report through electronic medical record system BESTCare for ‘Hold’ and ‘Legal’ status indication. Medical record also reviewed for documentation of any legal holds throughout inpatient admission. All 5250 legal holds were reviewed for wet signature authentication validation. Patient encounters were reviewed for initial legal status on admission, duration of inpatient admission, and voluntary/involuntary hold status changes throughout admission. Medi-Cal members identified for repayment plan (attachment 16).</p>	<p>1/27/2025</p>
<p>C. Failure to submit Accurate Invoices Contract language...Exhibit A, Paragraph IV subparagraph P.1 through P. 5. a</p>	<p>Under Title 9 Section 1820.220 by the tenth (10th) day of each month...However, ARBH has not submitted accurate monthly invoices as required by the Contract. ARBH has routinely submitted inaccurate invoices with several discrepancies. County staff communicated the non-compliance related to discrepancies via email requesting the invoices be corrected. It is expected that ARBH will submit a detailed plan addressing the root cause(s) resulting in</p>	<p>Root Cause Analysis for invoice submission developed to include Orange County invoicing reference tool for staff (attachment 17). Performance Improvement indicator development for TAR timely submission and invoice accuracy for the Business Office for January 2025 rollout (attachment 18). Timely and Accurate Invoices policy developed for ARBH (attachment 19).</p>	<p>1/27/2025 1/28/2025 1/27/2025</p>

	<p>the issues outlined above in the Payment section mentioned and how it will bring itself into compliance, and ensure future compliance, with the above contractual provisions. This plan and/or other documentation must be submitted to County's Contract Administrator within thirty (30) calendar days of the date of this letter.</p>		
	<p>Additionally, based on the findings by the HCA Office of Compliance described above, it is deemed that ARBH improperly collected payment from the Health Care Agency for clients between ages 22 and 64 admitted to the facility. To address ineligible invoicing to HCA, ARBH is to identify all HCA clients served during the period of this review for whom ARBH received payment directly from HCA and submit a re-payment plan within 30 days of this notice.</p>	<p>ARBH conducted audit of AIS admission systems and BESTCare electronic medical record to identify all 5250 legal holds written between February and July 2024. AIS report generated for all patient encounter discharges between January – August 1st, 2025. AIS report reviewed to filter by length of stay over 24 hours. Audit then of all patients on report through electronic medical record system BESTCare for 'Hold' and 'Legal' status indication. Medical record also reviewed for documentation of any legal holds throughout inpatient admission. All 5250 legal holds were reviewed for wet signature authentication validation. Patient encounters were reviewed for initial legal status on admission, duration of inpatient admission, and voluntary/involuntary hold status changes throughout admission. HCA members identified for repayment plan (attachment 12).</p>	<p>1/27/2025</p>
<p>D. Failure to Staff Facilities Consistent with Title 9 and Best Practices</p> <p>Contract language...Exhibit paragraph VII subparagraph A through B.6</p>	<p>ARBH continues to report to staffing to Title 22 vs. Title 9 as required for LPS Designation. ARBH was initially LPS Designated by the Orange County Board of Supervisors on February 8, 2022. A regulatory requirement of an LPS Designated facility that provides involuntary psychiatric services is adherence to California Code of Regulations (CCR), Title 9, Section 663 minimum staffing requirement for inpatient services.</p>	<p>Review of Nursing Staffing Matrix approved by Dr. Mentas for LPS designation and identified appropriate staffing needs. Staffing for inpatient units reviewed to ensure requested ratio is achieved, i.e., 20 nurses for 100 patients (attachment 20 Staffing Matrix) while ongoing discussions continue regarding concerns related to staffing matrix.</p> <p>While ARBH submits the above to achieve full satisfaction of the items outlined in the notice</p>	<p>1/20/2025</p> <p>1/23/2025</p>

	<p>Within 24 hours of this notice, ARBH must staff all units to align with Title 9 minimum staffing requirements.</p>	<p>in the spirit of cooperation, ARBH would like to make note of three things. First, the initial LPS designation obtained on February 8, 2022 was on a different staffing matrix than is being required now. ARBH objects to that and request satisfaction of this item in adhering to the staffing matrix originally approved (attachment 20). Second, our system operates in no other county that requires such staffing ratios of their acute psychiatric hospitals in order to be LPS designated. This disproportionately affects acute psychiatric hospitals, which are licensed under Title XXII, and which as an industry does not have minimum ratios (unlike general acute care hospitals), but rather staff to acuity based on licensing and regulatory requirements. Finally, the application of Title IX to acute psychiatric hospitals is improper. The requirements for private institutions in Title IX were removed from the purview of Title 9 by a full repeal of the chapter on private institutions. Title IX, Division 1, which contains the 1:5 staffing ratio, formerly included a Chapter 1 titled "Requirements for Operation of Private Institutions." This entire chapter was repealed. The legislature most likely repealed this chapter because it believed that the requirements for operating private psychiatric hospitals did not belong under Title 9, and instead would best be addressed in Title 22 (specifically, Title 22, Division 5, Chapter 3 regarding acute psychiatric hospitals). This suggests that Title IX is inapplicable to acute psychiatric hospitals throughout California. Title XXII specifically governs acute psychiatric hospitals – it is how we are licensed by the California Department of Public Health. Title XXII requires psychiatric</p>	
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		<p>units <i>within general acute hospitals</i> to have a 1:6 staffing ratio. Title XXII does not impose a specific staffing ratio on <i>acute psychiatric hospitals</i>; it provides that acute psychiatric hospitals can staff nurses based on “patient need,” or, an acuity-based standard. Title XXII does not impose a specific staffing ratio on acute psychiatric hospitals perhaps since there is quite a difference between the staffing needs in a GACH and Acute Psych hospital (attachment 21).</p> <p>In summary, ARBH’s expectation to honor the Staffing Matrix that was approved and not more stringent than that as ARBH interprets the Title IX staffing requirements. An additional option is inclusion of Licensed Vocational Nurses (LVNs) as approved by Title XXII for inpatient psychiatric care support with oversight of a Registered Nurse.</p> <p>Nursing Staffing assignment sheet revised for census volumes at start and end of shift as well as nurses assigned per unit (see attachment 14).</p>	<p>1/19/2025</p>
	<p>ARBH must immediately have LPS designated staff physically on-site at all times -24 hours a day, 7 days a week.</p>	<p>Following LPS office discussion with Rebekah Radomski related to licensed staff verses LPS designated licensed staff was implemented on 11/14/2024. Monthly LPS designated staff lists received from LPS office and posted in Nursing department. New LPS Trainer for ARBH with successful completion of examination 11/6/24 with staff designation training on-going since (attachment 22 LPS monthly designation list sample).</p> <p>On-site daily LPS staffing tool developed for submission to LPS office daily at 9 AM to include LPS designated staff onsite involved</p>	<p>11/14/2024</p> <p>1/19/2025</p>

		in patient care and not involved in patient care. Form to include staff first & last name and credentials (attachment 14).	
	ARBH is to halt any new admissions if their staffing does not meet these requirements. To verify this compliance, beginning immediately, ARBH is to submit, on a daily basis by 9:00 am, a copy of the nursing staffing assignment.	<p>Nursing Staffing assignment sheet revised for census volumes at start and end of shift as well as nurses assigned per unit (see attachment 14).</p> <p>Staffing evaluation patterns reviewed to include weekend staffing and potential sick call off with census cap procedures implemented 1/24/25. CEO to review daily staffing with Nursing Administration to set census cap targets for each day. This includes CEO daily review of any sick calls to assist projection planning.</p>	<p>1/20/2025</p> <p>1/23/2025</p>
E. Additional action items indicated in summary of document Additional "County" expectations listed.	1. Within 24 hours of this notice, hold all admissions until it can safely provide care to LPS patients as evidenced by meeting Title 9 minimum staffing requirements on all units and having LPS Designated staff physically on-site 24 hours a day 7 days per week. To verify this compliance, beginning immediately, ARBH is to submit, on a daily basis by 9:00 am, a copy of the nursing staffing assignment sheet.	Nursing Staffing assignment sheet revised for census volumes at start and end of shift as well as nurses assigned per unit implemented. In addition, this staffing form includes all on-site LPS designated staff (see attachment 14).	1/20/2025
	2. Within 24 hours of this notice, cease utilizing photocopied 5250 Forms pre-signed by psychiatrist.	<p>Medical Staff review and audit of all ARBH legal holds with County Counsel for feedback on holds and opportunities for improvement. Medical Director led education for all providers including Psychiatric Nurse Practitioners on 10/10/2024.</p> <p>New pdf fillable forms made available to providers and saved on ARBH intranet on 10/10/24. All paper copied versions of forms removed from all units and Provider dictation spaces 10/9/2024 (attachment 23).</p>	<p>10/10/2024</p> <p>10/10/2024</p>

		<p>Environment rounds of all nurses' stations and provider dictation room to search for any photocopied forms or outdated legal hold forms.</p> <p>Additionally, ARBH Medical Staff Committee conducted physician investigation in accordance with Medical Staff Bylaws to include suspension for allegations identified.</p>	<p>1/20/2025</p> <p>1/22/2025 - 2/19/25</p>
	<p>3. Within 24 hours of this notice, ensure only LPS Designated staff initiate involuntary holds.</p>	<p>Medical Staff policy developed to support coverage calendar for onsite Psychiatrist/designated Psychologists for face-to-face evaluation of inpatients with 5150 legal holds expiring. Face-to-face coverage to include documentation in electronic medical record (attachment 15).</p>	<p>1/25/2025</p>
	<p>4. Within 24 hours of this notice, ensure only LPS Designated staff provide advisement to patients on LPS holds.</p>	<p>On-site daily LPS staffing tool developed for submission to LPS office daily at 9 AM to include LPS designated staff onsite involved in patient care and not involved in patient care. Form to include staff first & last name and credentials (attachment 14).</p> <p>Following LPS office discussion with Rebekah Radomski related to licensed staff verses LPS designated licensed staff was implemented on 11/14/2024. Monthly LPS designated staff lists received from LPS office and posted in Nursing department. New LPS Trainer for ARBH with successful completion of examination 11/6/24 with staff designation training on-going since (attachment 22 LPS monthly designation list sample).</p>	<p>1/19/2025</p> <p>11/14/2024, reiterated 1/19/2025</p>
	<p>5. Within 24 hours of this notice, ensure all LPS related forms include all required elements.</p>	<p>Performance improvement auditing implemented to require two LPS designated staff to review all holds for all elements prior to psychiatrist hold being filed in medical record to ensure compliance launched.</p>	<p>1/19/2025</p>

		<p>Measurement of compliance with development of performance improvement indicator to include completion of all required LPS elements for all legal holds written for patients at ARBH (100% of patients placed on a legal hold) admitted to an inpatient unit and review for the accuracy of these items (attachment 24):</p> <ol style="list-style-type: none"> 1. box checked for type of hold and other box crossed out 2. patient name and demographic information completed 3. box checked for danger to self/danger to others/gravely disabled and non-applicable items crossed off 4. listed specific supporting facts 5. inpatient psychiatric hospitalization indicated 6. date completed 7. hospital name listed 8. and three signatures present by LPS designated staff <ul style="list-style-type: none"> ✓ Numerator = patients for whom the eight listed elements are complete for legal hold written by ARBH LPS designated staff. ✓ Denominator = 100% of patient legal holds written for the month. ✓ Benchmark/target goal: 100% ✓ Sustainability to be determined when 3 or more consecutive months meeting goal is reached. ✓ Ongoing monitoring to include newly appointed LPS designated staff to support transition post education/examination. 	<p>1/27/2025</p>
	<p>6. Within 14 days of this notice, ensure all Patients' Rights posters, grievance forms,</p>	<p>Unit black canvas file folder system updated with new 10-pocket versions ordered to be</p>	<p>1/23/2025</p>



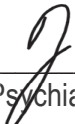


	<p>envelopes, and writing materials are available on all patient units and accessible to all patients 24 hours a day 7 days per week.</p>	<p>placed by phones and create "Patient Rights" section for all information for patients on each unit. This space to include Patient Rights posters with Lexan plexiglass to avoid movement of posters (attachment 5).</p> <p>Daily rounding from ARBH 'Court Liaison' staff member to ensure par level of County Grievance forms for all languages with daily expectation to replenish needed forms during rounds. Par level of forms identified and printed for easy access by Court Liaison staff member. Forms saved onto ARBH intranet shared drive for access to correct and current forms at all times (attachment 7).</p>	<p>1/24/2025</p>
	<p>7. Within 14 days of this notice, ensure PRAS staff are permitted timely access for all scheduled site visits.</p>	<p>Patient Rights communication phone tree drafted for staff availability upon arrival of all PRAS staff to avoid any delays. Plan for PRAS staff to also check in with hospital receptionist to receive visitor badge with door access card (attachment 8).</p> <p>Process developed to provide PRAS staff with "Visitor County Patients' Rights Advocate" badge access upon arrival. Upon arrival PRAS to check-in and provide collateral (i.e., Driver's License or car keys) to receive 'Visitor' badge. Upon return of 'Visitor' badge, PRAS staff will be returned collateral item (attachment 9).</p> <p>Internal Log developed to document PRAS staff arrival to facility, response time by ARBH staff, and PRAS exit time for evaluation of process improvement opportunities (attachment 10).</p>	<p>1/21/2025</p> <p>1/20/2025</p> <p>1/20/2025</p>
	<p>8. Within 14 days of this notice, submit to QMS Designation a copy of the internal plan developed by ARBH on the steps that</p>	<p>Restructure of the Patient Advocate position for ARBH. Job description and title updated to remove language of "Patient Advocate" and</p>	<p>1/20/2025</p>

	<p>will be implemented to collaborate with the PRAS process.</p>	<p>revised to “Court Liaison / Quality Department Coordinator” (attachment 1).</p> <p>Updated posters for outdated “Patient Advocate” position title revised for new title of “Court Liaison/Quality Department Coordinator.” Signs laminated and placed on the units (attachment 2).</p> <p>Patient “Complaint” box signage revised from “Grievance: Complaints & Compliments HERE” to “Suggestions and Compliments HERE.” All old signage removed and new signage placed on boxes on units (attachment 3).</p> <p>ARBH Compliment/Complaint/Suggestion internal form revised to avoid confusion with County Grievance form and process. Form updated to refer to process for County Grievances as well as staff follow up with patient to include education to County Grievance process. New form uploaded onto ARBH Shared drive for staff for use when patient wants to provide staff compliments or suggestions.</p> <p>Developed log for County Grievance volume mailed each day (attachment 4). Staff educated to process for receiving patient posted County Grievance envelopes and placement in locked postage boxes on each inpatient unit (attachment 6).</p>	<p>1/20/2025</p> <p>1/20/2025</p> <p>1/20/2025</p> <p>1/24/2025</p>
	<p>9. Within 14 days of this notice, submit a policy that prohibits ARBH’s internal patient advocate from intercepting patient grievances and circumventing the state required grievance process. Any and all grievances that ARBH’s internal advocate</p>	<p>ARBH Grievances and Complaints policy reviewed and revised to include language to prohibit ARBH staff from intercepting patient grievances and circumventing the state required grievance process (attachment 25).</p>	<p>1/20/2025</p>

	<p>receives will immediately be provided to PRAS for review and investigation.</p>	<p>ARBH Court Liaison educated on process to provide any and all grievances to PRAS to allow for review and investigation immediately to include revised 'Court Liaison/Quality Department Coordinator' job description (attachment 1).</p>	
	<p>10. Within 30 days of this notice, submit a detailed plan outlining how ARBH will address and resolve the root cause(s) of the identified non-compliance and prevent recurrence.</p>	<p>Root Cause Analysis for invoice submission developed to include Orange County invoicing reference tool for staff (attachment 17).</p> <p>Performance Improvement indicator development for TAR timely submission and invoice accuracy for the Business Office for January 2025 rollout (attachment 18).</p> <p>Timely and Accurate Invoices policy developed for ARBH (attachment 19).</p>	<p>1/27/2025</p> <p>1/28/2025</p> <p>1/27/2025</p>
	<p>11. Within 30 days of this notice, ARBH is to identify all Medi-Cal members served during the period of this review and submit a re-payment plan to describe how services will be credited and repaid to Medi-Cal for members under 21 years or 65 and older. Once all claims that are subject to repayment have been identified and quantified, ARBH must issue repayments to Medi-Cal within 60 days.</p>	<p>ARBH conducted audit of AIS admission systems and BESTCare electronic medical record to identify all 5250 legal holds written between February and July 2024. AIS report generated for all patient encounter discharges between January – August 1st, 2025. AIS report reviewed to filter by length of stay over 24 hours. Audit then of all patients on report through electronic medical record system BESTCare for 'Hold' and 'Legal' status indication. Medical record also reviewed for documentation of any legal holds throughout inpatient admission. All 5250 legal holds were reviewed for wet signature authentication validation. Patient encounters were reviewed for initial legal status on admission, duration of inpatient admission, and voluntary/involuntary hold status changes throughout admission. Medi-Cal members under the age of 21 and 65 years and over identified for repayment plan (attachment 12).</p>	<p>1/27/2025</p>

		Additional detailed document including patient audit, payment detail, and repayment plan to be provided for repayment plan requirements.	2/14/2025
	12. Within 30 days of this notice, ARBH is to identify all HCA clients served during the period of this review for whom ARBH received payment directly from HCA and submit a re-payment plan to the County.	<p>ARBH conducted audit of AIS admission systems and BESTCare electronic medical record to identify all 5250 legal holds written between February and July 2024. AIS report generated for all patient encounter discharges between January – August 1st, 2025. AIS report reviewed to filter by length of stay over 24 hours. Audit then of all patients on report through electronic medical record system BESTCare for ‘Hold’ and ‘Legal’ status indication. Medical record also reviewed for documentation of any legal holds throughout inpatient admission. All 5250 legal holds were reviewed for wet signature authentication validation. Patient encounters were reviewed for initial legal status on admission, duration of inpatient admission, and voluntary/involuntary hold status changes throughout admission. HCA members identified for repayment plan (attachment 12).</p> <p>Additional detailed document including patient audit, payment detail, and repayment plan to be provided for repayment plan requirements.</p>	<p>1/27/2025</p> <p>2/14/2025</p>

STATEMENT OF DEFICIENCIES AND NOTICE OF CORRECTIVE ACTION PLAN RESPONSIBLE PARTIES

	Dorinda Mueller	1/31/2025
Chief Executive Officer		Date
	CURT ZIMMER	1/31/2025
Chief Financial Officer		Date
	Zaheib Idrees	1/31/25
LPS Psychiatric Medical Director		Date
	Clarissa Padilla	1/31/25
LPS Administrative Director		Date
	Taylor Bankenbush	1/31/2025
Director of Performance Improvement/Risk Management		Date



VERONICA KELLEY, DSW, LCSW
AGENCY DIRECTOR

LORRAINE DANIEL, MPA
ASSISTANT AGENCY DIRECTOR

ANNA PETERS
OPERATIONS & SUPPORT
ASSISTANT DEPUTY DIRECTOR

JUAN CORRAL
DIVISION MANAGER
PROCUREMENT & CONTRACT SERVICES

405 W. 5th STREET, SUITE 600
SANTA ANA, CA 92701

(714)834-6110

FAX: (714)834-2657

www.ochalthinfo.com

PROCUREMENT & CONTRACT SERVICES

Sent via email: Dorinda.mueller@alisoridgebh.com

March 19, 2025

Aliso Ridge Behavioral Health, LLC
Attn: Dorinda Mueller, BSN, NP, MSN
Chief Executive Officer
200 Freedom Lane
Aliso Viejo, CA 92656

Re: Response to Statement of Deficiencies Plan of Corrections submitted by Aliso Ridge Behavioral Health (ARBH) on February 5, 2025 regarding Noncompliance with Requirements of Lanterman-Petris-Short (LPS) Designated Facilities and Noncompliance with Provisions in Contract MA-042-22010732.

Dear Ms. Mueller:

This letter pertains to the notice of Noncompliance with Requirements of LPS Designated Facilities and Noncompliance with Provisions in Contract MA-042-22010732 issued to Aliso Ridge Behavioral Health, LLC (ARBH) on January 17, 2025 (Notice Attached). The Notice required ARBH to submit a Corrective Action Plan (CAP) within 30 days of the receipt of the Notice. On February 5, 2025, ARBH provided the attached CAP.

The County has reviewed the CAP submitted by ARBH and finds the plan to be unacceptable. Details on specific areas of concern are outlined below:

- 1) Failure to Cooperate with County Patients' Rights Advocate:
 - a. Quality Management Services (QMS) Designation and Crisis Acute Care Services have reviewed and accepted this section of ARBH's corrective action plan. Health Care Agency (HCA) Contract Monitor, QMS Designation staff and Patients' Rights Advocacy Services (PRAS) staff will continue to monitor and report back ongoing compliance to this requirement.

Aliso Ridge Behavioral Health, LLC

Re: Response to Statement of Deficiencies Plan of Corrections submitted by Aliso Ridge Behavioral Health (ARBH) on February 5, 2025 regarding Noncompliance with Requirements of Lanterman-Petris-Short (LPS) Designated Facilities and Noncompliance with Provisions in Contract MA-042-22010732.

March 19, 2025

Page 2 of 5

- 2) Failure to Properly Document WIC 5250 Holds:
 - a. Although the currently submitted LPS forms do include all required elements as specified in the Notice (“completed only by an LPS-Designated staff member, all required elements will be included on those forms, and forms will only have original signatures”), the CAP needs to include the process that ARBH will implement for ongoing monitoring to ensure all LPS Designated Forms are completed completely and properly. Additionally, Attachment 15 needs to state the actual steps on completing these LPS Forms, that original wet signatures are required, and the use of photocopied forms/signatures is prohibited.
- 3) Failure to Submit Accurate Invoices:
 - a. Contract Administrator has reviewed and accepted this section of ARBH’s CAP. HCA Contracts Administration will continue monthly monitoring to assure compliance with the invoice contractual language as stated in Exhibit A to Contract MA-042-22010732.
- 4) Failure to Staff Facilities Consistent with Title 9 and Best Practices:
 - a. Although the Nursing Department Daily Assignment forms submitted daily ARBH show compliance with staffing to Title 9, Section 663, during three separate site visits (2/11/25, 2/14/25, and 2/18/25), the Aliso Ridge Behavioral Health Staff Schedules obtained and observed did not match the documents being submitted on a daily basis nor did they conform to Title 9, Section 663 staffing requirements. In sum, ARBH could not substantiate its compliance with Title 9, Section 663. Moreover, despite ARBH’s claims, private facilities are exempt from staffing requirements under Title 9, Section 663, ARBH is bound to comply with these requirements under Contract MA-042-22010732.
 - i. When this discrepancy was discussed with ARBH staff on 2/20/25, they were encouraged to send documentation to QMS to support that the staff listed on the Nursing Department Daily Assignment sheets that were being submitted daily actually provided services to clients.
 - ii. Documentation received by QMS on 2/20/25, from ARBH, did not support the requirements. Documentation submitted by ARBH included timecard data and badge swipe data, which did indicate that staff were on site on 2/11/25, 2/14/25, and 2/18/25. However, after review of the data submitted, HCA is still unable to determine if the staff provided direct patient care as no chart documentation was submitted.
 - b. Completion date of 11/14/2024 for having LPS Designated staff on-site 24/7 is not accurate.
 - c. Further action in regards this item will be communicated via the Behavioral Health Director.
- 5) Summary of Response Regarding Specific CAP Requirements

Aliso Ridge Behavioral Health, LLC

Re: Response to Statement of Deficiencies Plan of Corrections submitted by Aliso Ridge Behavioral Health (ARBH) on February 5, 2025 regarding Noncompliance with Requirements of Lanterman-Petris-Short (LPS) Designated Facilities and Noncompliance with Provisions in Contract MA-042-22010732.

March 19, 2025

Page 3 of 5

- a) “Within 24 hours of the Notice, hold all admissions until it can safely provide care to LPS patients as evidenced by meeting Title 9 minimum staffing requirements on all units and having LPS Designated staff physically on-site 24 hours a day 7 days per week.” To verify this compliance, beginning immediately, ARBH is to submit, on a daily basis by 9:00 am, a copy of the nursing staffing assignment sheet to AQISDESIGNATION@ochca.com.
 - i. **ARBH’s CAP does not meet this expectation. Please refer to item 4 above.**
- b) “Within 24 hours of the Notice, cease utilizing photocopied 5250 Forms pre-signed by a psychiatrist.”
 - i. **ARBH CAP partially meets this expectation. See item 2 above.**
- c) “Within 24 hours of the Notice, ensure only LPS Designated staff initiate involuntary holds.”
 - i. **ARBH’s CAP and supporting documents has mitigated this concern. Ongoing monitoring will continue.**
- d) “Within 24 hours of this Notice, ensure only LPS Designated staff provide advisement to patients on LPS holds.”
 - i. **ARBH’s CAP and supporting documents has mitigated this concern. Ongoing monitoring will continue.**
- e) “Within 24 hours of this Notice, ensure all LPS related forms include all required elements.”
 - i. **ARBH’s CAP and supporting documents has mitigated this concern. Ongoing monitoring will continue.**
- f) “Within 14 days of this Notice, ensure all Patients’ Rights posters, grievance forms, envelopes, and writing materials are available on all patient units and accessible to all patients 24 hours a day 7 days per week.”
 - i. **ARBH’s CAP and supporting documents has mitigated this concern. Ongoing monitoring will continue.**
- g) “Within 14 days of this Notice, ensure PRAS staff are permitted timely access for all scheduled site visits.”
 - i. **ARBH’s CAP and supporting documents has mitigated this concern. Ongoing monitoring will continue.**
- h) “Within 14 days of this Notice, submit to QMS Designation a copy of the internal plan developed by ARBH on the steps that will be implemented to collaborate with the PRAS process.”

Aliso Ridge Behavioral Health, LLC

Re: Response to Statement of Deficiencies Plan of Corrections submitted by Aliso Ridge Behavioral Health (ARBH) on February 5, 2025 regarding Noncompliance with Requirements of Lanterman-Petris-Short (LPS) Designated Facilities and Noncompliance with Provisions in Contract MA-042-22010732.

March 19, 2025

Page 4 of 5

- i. **ARBH's CAP and supporting documents has mitigated this concern. Ongoing monitoring will continue.**

- i) "Within 14 days of this Notice, submit a policy that prohibits ARBH's internal patient advocate from intercepting patient grievances and circumventing the state required grievance process. Any and all grievances that ARBH's internal advocate receives will immediately be provided to PRAS for review and investigation."
 - i. **ARBH's CAP and supporting documents has mitigated this concern. Ongoing monitoring will continue.**

- j) "Within 30 days of this Notice, submit a detailed plan outlining how ARBH will address and resolve the root cause(s) of the identified non-compliance and prevent recurrence."
 - i. **ARBH's CAP does not meet this expectation. Refer to items 5a, 5b, 5k, and 5l.**

- k) "Within 30 days of this Notice, ARBH is to identify all Medi-Cal members served during the period of this review and submit a re-payment plan to describe how services will be credited and repaid to Medi-Cal for members under 21 years or 65 and older. Once all claims that are subject to repayment have been identified and quantified, ARBH must issue repayments to Medi-Cal within 60 days."
 - i. **ARBH CAP does not meet this expectation. Documentation submitted contained clients that were not Orange County Medi-Cal beneficiaries. On 2/26/25 HCA communicated this to ARBH and on the same date ARBH submitted a new file outlining four claims with 36 days identified for repayment to DHCS for a total amount of \$33,935.28. HCA Treatment Authorization Request (TAR) report show 302 claims for a total of 2003 days.**
 - ii. **ARBH needs to submit a detailed explanation, for each approved TAR, how repayment/non-repayment determination was made.**

- l) "Within 30 days of this Notice, ARBH is to identify all HCA clients served during the period of this review for whom ARBH received payment directly from HCA and submit a re-payment plan to the County."
 - i. **ARBH CAP does not meet this expectation. Documentation submitted contained clients that were not Orange County Medi-Cal beneficiaries. On 2/26/25 HCA communicated this to ARBH and on the same date ARBH submitted a new file outlining 33 claims with 263 days identified for repayment to OC HCA for a total amount of \$251,200.00. HCA Treatment Authorization Request (TAR) report show 604 claims for a total of 6303 days.**

Aliso Ridge Behavioral Health, LLC

Re: Response to Statement of Deficiencies Plan of Corrections submitted by Aliso Ridge Behavioral Health (ARBH) on February 5, 2025 regarding Noncompliance with Requirements of Lanterman-Petris-Short (LPS) Designated Facilities and Noncompliance with Provisions in Contract MA-042-22010732.

March 19, 2025

Page 5 of 5

- ii. **ARBH needs to submit a detailed explanation, for each approved TAR, how repayment/non-repayment determination was made.**

Within 15 calendar days of this letter, ARBH must submit a revised Corrective Action Plan to address the outstanding items as identified above in Paragraphs 2 and 5(a), 5(b), 5(k) and l.

It is always the County's intent to maintain positive and productive relationships with its providers. The County appreciates working with you and your team in resolving these issues expeditiously and looks forward to continued collaboration with ARBH.

Thank you,

Juan Corral

Division Manager, Procurement & Contract Services
Orange County Health Care Agency

Cc: Dr. Veronica Kelley, Agency Directory
Lorraine Daniel, Assistant Agency Directory
Ian Kemmer, Behavioral Health Director, Behavioral Health Services
Linda Molina, Assistant Deputy Director, Crisis and Acute Care, Behavioral Health Services
Azahar V. Lopez, Assistant Deputy Director, Quality Management Services, Behavioral Health Services
Susan Kessel, Procurement Contract Manager, Procurement and Contract Services
Imelda Iler, Procurement Contract Analyst, Procurement and Contract Services



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BEHAVIORAL HEALTH SERVICES

March 19, 2025

Aliso Ridge Behavioral Health, LLC
Attn: Dorinda Mueller, BSN, NP, MSN
Chief Executive Officer
200 Freedom Lane
Aliso Viejo, CA 92656

Re: Intention to Withdraw Aliso Ridge Behavioral Health, LLC LPS Designation Status

Dear Ms. Mueller:

On January 17th, 2025, the Orange County Health Care Agency sent Aliso Ridge Behavioral Health, LLC a Notice of Non-Compliance with Requirements of LPS Designated Facilities and Noncompliance with Provisions of Contract MA 042-22010732 (See attached Notice). Under the Notice, Aliso Ridge Behavioral Health, LLC had 24 hours to hold all admissions until it could safely provide care to Lanterman-Petris-Short (LPS) patients by meeting California Code of Regulations (CCR), Title 9, Section 663 staffing for LPS Designated Facilities on all units. (See, Notice, Page 10). Also, the facility had 30 days from receipt of Notice to demonstrate continuous compliance with CCR, Title 9, Section 663. (See, Notice, Pages 7 through 8).

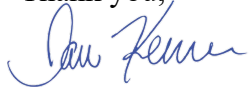
Aliso Ridge Behavioral Health, LLC failed to demonstrate compliance with CCR, Title 9, Section 663 minimum staffing requirements for LPS Designated Facilities and the Provisions in its Contract with Orange County, Health Care Agency (HCA) MA-042-22010732.

Pursuant to my statutory authority as the Orange County Behavioral Health Director under Welfare & Institutions Code Section 5404, it is my intention to **Withdraw** Aliso Ridge Behavioral Health, LLC LPS **Designation Status** 30 calendar days from the date of this notice. Further, Aliso Ridge Behavioral Health, LLC LPS Designation is **Suspended** effective 14 calendar days from the date of this notice. **ARBH must immediately cease admissions of persons on involuntary detentions and has 14 calendar days from the date of this letter to provide safe discharge or transfer of all clients on involuntary detention status to a LPS Designated Facility.**

Aliso Ridge Behavioral Health, LLC may submit a written demand to review this decision with me within 14 calendar days of this notice. Any review meeting shall take place no later than 25 calendar days from the date of this notice. Any final determination will be issued to Aliso Ridge Behavioral Health, LLC no later than 29 calendar days from the date of this Notice. Aliso Ridge Behavioral Health, LLC may refer to the enclosed 04.03.05 Lanterman-Petris-Short Act (LPS) Designation of Facilities in Orange County P&P for additional information.

Intent to Withdraw LPS Designation
Aliso Ridge Behavioral Health, LLC
Page 2 of 2

Thank you,



Ian Kemmer
Director, BHS

IK:al

Enclosures: 2



VERONICA KELLEY, DSW, LCSW
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LORRAINE DANIEL, MPA
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April 3, 2025

Dorinda Mueller, BSN, NP, MSN
Chief Executive Officer
200 Freedom Lane
Aliso Viejo, CA 92656

Re: Suspension of Aliso Ridge Behavioral Health LPS Designation status

Dear Ms. Mueller:

On March 19th, 2025, Aliso Ridge Behavioral Health received notice from the Orange County Behavioral Health Director indicating that 14 calendar days from receipt of the notice, Aliso Ridge Behavioral Health's LPS Designation status is suspended. That suspension is effective as of April 2nd, 2025.

As such, as of 11:59pm on April 2nd, 2025, Aliso Ridge Behavioral Health must ensure that all patients on involuntary status are transferred to an LPS Designated Facility. Additionally, as of 11:59pm on April 2nd, 2025, any Aliso Ridge Behavioral Health staff with LPS designation privileges are no longer able to initiate or discontinue involuntary holds.

Thank you,

A handwritten signature in blue ink that reads 'Ian Kemmer'.

Ian Kemmer
Director, BHS

IK:rr



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AGENCY DIRECTOR

LORRAINE DANIEL, MPA
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April 17, 2025

Aliso Ridge Behavioral Health, LLC
Attn: Dorinda Mueller, BSN, NP, MSN
Chief Executive Officer
200 Freedom Lane
Aliso Viejo, CA 92656

Re: Withdrawal of LPS Designation Status for Aliso Ridge Behavioral Health, LLC

Dear Ms. Mueller:

On January 17, 2025, the Orange County Health Care Agency issued Aliso Ridge Behavioral Health, LLC a Notice of Non-Compliance with Requirements of LPS Designated Facilities and Noncompliance with Provisions of Contract MA 042-22010732 (See attached Notice).

This notice outlined deficiencies identified through regular monitoring by Behavioral Health Services (BHS) staff and compliance violations identified through an investigation by the Health Care Agency (HCA) Office of Compliance (OOC) following its receipt of two allegations related to documentation and billing practices and a physician's failure to complete initial evaluations of patients admitted to the facility. The HCA OOC substantiated all allegations under their scope, which were included in the HCA Notice of Non-Compliance.

Under the Notice, Aliso Ridge Behavioral Health, LLC (ARBH) had 24 hours to hold all admissions until it could safely provide care to Lanterman-Petris-Short (LPS) patients by meeting California Code of Regulations (CCR), Title 9, Section 663 staffing for LPS Designated Facilities on all units, cease utilizing Welfare and Institutions Code (WIC) section 5250 forms that included pre-signed or photocopied physician signatures, ensure only LPS Designated staff initiate involuntary holds and provide the patient advisement, and ensure all LPS Forms included all required elements. Further, ARBH had 14 days to comply with Patient Rights' deficiencies, and 30-days to submit a detailed plan outlining how ARBH would address and resolve the root cause(s) of identified non-compliance and prevent recurrence. ARBH also had 30 days to identify and submit a re-payment plan for claims identified as false claims through the HCA OOC investigation.

On February 5, 2025, ARBH submitted a Corrective Action Plan (CAP). HCA BHS issued a response to ARBH's CAP on March 19, 2025, noting the CAP as unacceptable and detailing specific areas of concern. Regarding the WIC 5250 hold documents, the CAP submitted by

Withdrawal of LPS Designation
Aliso Ridge Behavioral Health, LLC
Page 2 of 3

ARBH needed to include the process that ARBH would implement for ongoing monitoring to ensure all LPS Designated Forms are completed completely and properly, and Attachment 15 needed to include the actual steps on completing the LPS Form, state that original wet signatures are required, and state that the use of photocopied forms/signatures are prohibited. Regarding staffing levels, the CAP needed to include chart documentation to substantiate whether staff provided direct patient care, a corrected completion date for having LPS Designated staff on-site 24/7, and additional action required by the Behavioral Health Director and staff. Regarding the Medi-Cal claims, the CAP needed to identify all Medi-Cal members served, as only 4 of 302 claims were provided, and provide detailed explanations for each Treatment Authorization Request (TAR). Regarding the HCA clients served, the CAP needed to identify all HCA clients served, as only 33 of the 604 claims were provided, and provide detailed explanations for each TAR.

On March 19, 2025, I issued a notice of intent to withdraw ARBH's LPS designation status within 30 days of the notice and informing ARBH of its suspension status effective 14 days after the notice (i.e. April 2, 2025).

As provided under HCA BHS Policy and Procedure 04.03.05 Lanterman-Petris-Short Act (LPS) Designation of Facilities in Orange, ARBH was granted a process to review this decision with me on March 24, 2025, and again on April 11, 2025, where ARBH presented its position and provided an overview of their facility to BHS leadership and to the HCA Chief Compliance Officer and OOC staff. ARBH also submitted documentation in advance of the second meeting. While ARBH's efforts are acknowledged, there is ongoing concern regarding the lack of specific response to the allegations of compliance violations and fraudulent practices that were discussed during the most recent meeting.

During the meeting on April 11, 2025, ARBH indicated that the compliance issues identified were the result of one bad actor only. When information from ABRH was request regarding its investigation into this individual and the lack of internal controls that allowed for this systemic failure to occur, ARBH representatives stated nobody at the facility knew these practices were occurring until brought to their attention by HCA. This demonstrates that ARBH fails to recognize these practices are a systemic issue and not just isolated to one physician, as multiple providers were identified as having signed WIC 5250 holds while not being LPS Designated. Many of those holds contained the pre-signed copied signature of the psychiatrist, indicating this was a systemic issue and not just an isolated event. Additionally, ARBH made reference to training its staff on "changing the ambiguity" for the regulations pertaining to WIC 5250. Furthermore, there was no mention by ARBH during this meeting related to its obligation to repay claims deemed as false or ineligible, which is a significant oversight and indicates a lack of understanding of the compliance framework that governs health care operations.

ARBH failed to demonstrate compliance with CCR, Title 9, Section 663 minimum staffing requirements for LPS Designated Facilities and the Provisions in its Contract with Orange County, Health Care Agency (HCA) MA-042-22010732 and failed to comply with the provisions of patients' rights as demonstrated by the unresolved use of photocopied and incomplete WIC 5250 forms holds and inability to demonstrate that physicians are in fact completing psychiatric evaluations and are onsite as required. ARBH failed to address the root cause for unethical behaviors such as Nurse Practitioners documenting under physicians' credentials and WIC 5250 or 5270 holds being completed by staff who are not LPS designated

Withdrawal of LPS Designation
Aliso Ridge Behavioral Health, LLC
Page 3 of 3

by the County. These actions represent violations of clinical practice and safety precautions and demonstrate disregard of HCA, Behavioral Health Services policies and procedures related to documentation of services and claiming. Further, ARBH has not submitted complete and accurate documentation of claims subject to repayment to Medi-Cal for covered stays and to HCA for County funded stays; these remain outstanding.

ARBH's failure to recognize and correct system practices that result in violations of patients' rights to evaluation and due process, gross violations of clinical practice, disregard of BHS policies and procedures and inappropriate billing/claiming corroborate that ARBH does not possess the systems and processes necessary to adequately serve psychiatric patients under the LPS act.

Pursuant to my statutory authority as Orange County Behavioral Health Director under Welfare and Institutions Code Sections 5404 and 5326.9 and HCA BHS Policy and Procedure 04.03.05 Lanterman-Petris-Short Act (LPS) Designation of Facilities in Orange, **I hereby give ARBH notice that Behavioral Health Services intends to proceed with the withdrawal and revocation of LPS Designation Status for ARBH**, and this action will be taken to the County Board of Supervisors for final approval.

Further, ARBH's **LPS Designation remains Suspended**. ARBH may not admit psychiatric patients on involuntary status pursuant to WIC 5150.

Should ARBH wish to re-apply for LPS designation at a future time, it must demonstrate that it has fully corrected all noted compliance deficiencies and that it has established an effective system and processes to ensure compliance with healthcare regulations and LPS Designation requirements.

Thank you,



Ian Kemmer
Director, BHS

IK:al

Enclosures:

Notice of Non-Compliance dated January 17, 2025

ARBH CAP Response dated March 19, 2025

Notice of Intent to Withdraw dated March 19, 2025

HCA BHS Policy and Procedure 04.03.05 Lanterman-Petris-Short Act (LPS) Designation of Facilities in Orange



State of California

WELFARE AND INSTITUTIONS CODE

Section 5150

5150. (a) When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. At a minimum, assessment, as defined in Section 5150.4, and evaluation, as defined in subdivision (a) of Section 5008, shall be conducted and provided on an ongoing basis. Crisis intervention, as defined in subdivision (e) of Section 5008, may be provided concurrently with assessment, evaluation, or any other service.

(b) When determining if a person should be taken into custody pursuant to subdivision (a), the individual making that determination shall apply the provisions of Section 5150.05, and shall not be limited to consideration of the danger of imminent harm.

(c) The professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county shall assess the person to determine whether he or she can be properly served without being detained. If, in the judgment of the professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, the person can be properly served without being detained, he or she shall be provided evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis. Nothing in this subdivision shall be interpreted to prevent a peace officer from delivering individuals to a designated facility for assessment under this section. Furthermore, the assessment requirement of this subdivision shall not be interpreted to require peace officers to perform any additional duties other than those specified in Sections 5150.1 and 5150.2.

(d) Whenever a person is evaluated by a professional person in charge of a facility designated by the county for evaluation or treatment, member of the attending staff, or professional person designated by the county and is found to be in need of mental health services, but is not admitted to the facility, all available alternative services

provided pursuant to subdivision (c) shall be offered as determined by the county mental health director.

(e) If, in the judgment of the professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or the professional person designated by the county, the person cannot be properly served without being detained, the admitting facility shall require an application in writing stating the circumstances under which the person’s condition was called to the attention of the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, and stating that the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county has probable cause to believe that the person is, as a result of a mental health disorder, a danger to others, or to himself or herself, or gravely disabled. The application shall also record whether the historical course of the person’s mental disorder was considered in the determination, pursuant to Section 5150.05. If the probable cause is based on the statement of a person other than the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, the person shall be liable in a civil action for intentionally giving a statement that he or she knows to be false. A copy of the application shall be treated as the original.

(f) At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person’s personal property, the person taking him or her into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person. The person taking him or her into custody shall then furnish to the court a report generally describing the person’s property so preserved and safeguarded and its disposition, in substantially the form set forth in Section 5211, except that if a responsible relative or the guardian or conservator of the person is in possession of the person’s property, the report shall include only the name of the relative or guardian or conservator and the location of the property, whereupon responsibility of the person taking him or her into custody for that property shall terminate. As used in this section, “responsible relative” includes the spouse, parent, adult child, domestic partner, grandparent, grandchild, or adult brother or sister of the person.

(g) (1) Each person, at the time he or she is first taken into custody under this section, shall be provided, by the person who takes him or her into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing. The information shall be in substantially the following form:

My name is _____ .
I am a _____ .
(peace officer/mental health professional)

with _____ .
(name of agency)

You are not under criminal arrest, but I am taking you for an examination by mental health professionals at _____ .

(name of facility)

You will be told your rights by the mental health staff.

(2) If taken into custody at his or her own residence, the person shall also be provided the following information:

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken.

(h) The designated facility shall keep, for each patient evaluated, a record of the advisement given pursuant to subdivision (g) which shall include all of the following:

- (1) The name of the person detained for evaluation.
- (2) The name and position of the peace officer or mental health professional taking the person into custody.
- (3) The date the advisement was completed.
- (4) Whether the advisement was completed.
- (5) The language or modality used to give the advisement.
- (6) If the advisement was not completed, a statement of good cause, as defined by regulations of the State Department of Health Care Services.

(i) (1) Each person admitted to a facility designated by the county for evaluation and treatment shall be given the following information by admission staff of the facility. The information shall be given orally and in writing and in a language or modality accessible to the person. The written information shall be available to the person in English and in the language that is the person's primary means of communication. Accommodations for other disabilities that may affect communication shall also be provided. The information shall be in substantially the following form:

My name is _____ .

My position here is _____ .

You are being placed into this psychiatric facility because it is our professional opinion that, as a result of a mental health disorder, you are likely to (check applicable):

- Harm yourself.
- Harm someone else.
- Be unable to take care of your own food, clothing, and housing needs.

We believe this is true because

(list of the facts upon which the allegation of dangerous

or gravely disabled due to mental health disorder is based, including pertinent facts arising from the admission interview).

You will be held for a period up to 72 hours. During the 72 hours you may also be transferred to another facility. You may request to be evaluated or treated at a facility of your choice. You may request to be evaluated or treated by a mental health professional of your choice. We cannot guarantee the facility or mental health professional you choose will be available, but we will honor your choice if we can.

During these 72 hours you will be evaluated by the facility staff, and you may be given treatment, including medications. It is possible for you to be released before the end of the 72 hours. But if the staff decides that you need continued treatment you can be held for a longer period of time. If you are held longer than 72 hours, you have the right to a lawyer and a qualified interpreter and a hearing before a judge. If you are unable to pay for the lawyer, then one will be provided to you free of charge.

If you have questions about your legal rights, you may contact the county Patients' Rights Advocate at _____
(phone number for the county Patients' Rights

Advocacy office)

Your 72-hour period began _____
(date/time)

(2) If the notice is given in a county where weekends and holidays are excluded from the 72-hour period, the patient shall be informed of this fact.

(j) For each patient admitted for evaluation and treatment, the facility shall keep with the patient's medical record a record of the advisement given pursuant to subdivision (i), which shall include all of the following:

- (1) The name of the person performing the advisement.
- (2) The date of the advisement.
- (3) Whether the advisement was completed.
- (4) The language or modality used to communicate the advisement.
- (5) If the advisement was not completed, a statement of good cause.

(Amended by Stats. 2018, Ch. 258, Sec. 1. (AB 2099) Effective January 1, 2019.)

California Code, Welfare and Institutions Code - WIC § 5404

Search California Codes

(a) Each county may designate facilities, which are not hospitals or clinics, as 72-hour evaluation and treatment facilities and as 14-day intensive treatment facilities if the facilities meet those requirements as the Director of Health Care Services may establish by regulation. The Director of Health Care Services shall encourage the use by counties of appropriate facilities, which are not hospitals or clinics, for the evaluation and treatment of patients pursuant to this part.

(b) All regulations relating to the approval of facilities designated by the county for 72-hour treatment and evaluation and 14-day intensive treatment facilities, heretofore adopted by the State Department of Mental Health, or a successor, shall remain in effect and shall be fully enforceable by the State Department of Health Care Services with respect to any facility or program required to be approved as a facility for 72-hour treatment and evaluation and 14-day intensive treatment facilities, unless and until readopted, amended, or repealed by the Director of Health Care Services. The State Department of Health Care Services shall succeed to and be vested with all duties, powers, purposes, functions, responsibilities, and jurisdiction of the State Department of Mental Health, or a successor, as they relate to approval of facilities for 72-hour treatment and evaluation and 14-day intensive treatment facilities.

9 CCR § 821

§ 821. Approval of Facilities.

Any facility designated by the board of supervisors of a county for evaluation and treatment pursuant to Articles 1 and 2 of Chapter 2, Part 1, Division 5 of the Welfare and Institutions Code, is subject to approval of the Department. Such a facility shall be approved by the Department if it meets the requirements of Chapter 3 of this title for inpatient services.

Note: Authority cited: Sections 5400 and 5404, Welfare and Institutions Code.

Reference: Sections 5150, 5202, 5366.1, 5400 and 5404, Welfare and Institutions Code.

HISTORY

1. Editorial correction adding NOTE filed 10-26-82 (Register 82, No. 44).
2. Change without regulatory effect amending section filed 3-25-2003

9 CCR § 663

§ 663. Minimum Staff.

Inpatient services shall be under an administrative director who qualifies under Section 620(d), 623, 624, 625, or 627. In addition to the director of the service, the minimum professional staff shall include a psychiatrist if the administrative director of the service is not a psychiatrist, who shall assume medical responsibility as defined in Section 522;

a psychologist, social worker, registered nurse, and other nursing personnel under supervision of a registered nurse. Nursing personnel shall be present at all times. Physicians, psychiatrists, registered nurses and other mental health personnel shall be present or available at all times. Psychologists and social workers may be present on a time-limited basis.

Rehabilitation therapy, such as occupational therapy, should be available to the patients.

The minimum ratio of the full-time professional personnel to resident patients shall be as follows:

	Ratio per
Personnel	100 Patients
Physicians	5
Psychologists	2
Social Workers	2
Registered Nurses.	20
Other Mental Health Personnel	25
	—
Total	54

Note: Authority cited: Sections 4011 and 5750, Welfare and Institutions Code.

Reference: Secs. 5600 and 5767, W. & I. Code. Additional authority cited: Sections 5650, 5703.1, 5751, Welfare and Institutions Code. Additional references: Sections 5650, 5703.1, 5751, 5751.1, 5751.2, Welfare and Institutions Code.

HISTORY

1. Amendment filed 10-1-71; effective thirtieth day thereafter (Register 71, No. 40).
2. Amendment filed 1-28-76; effective thirtieth day thereafter (Register 76, No. 5).
3. Change without regulatory effect correcting internal cites filed 10-27-88 (Register 88, No. 45).

This database is current through 2/19/21 Register 2021, No. 8

California Code, Welfare and Institutions Code - WIC § 5585

This part shall be known as the Children's Civil Commitment and Mental Health Treatment Act of 1988

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

ORGANIZATION/SOCIETY	FROM (MO./YR.)	TO (MO./YR.)
VIETNAMESE PHYSICIAN OF SO CAL	1/98	PRESENT
AMERICAN MEDICAL ASSOC.	1/96	PRESENT
AMERICAN PAIN SOCIETY	1/96	PRESENT

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO MEMBER OF KIWANIS CLUB OF HUNT. BERRA

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

N/A

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

I HAVE BEEN A PRACTISING PHYSICIAN (ANESTHESIOLOGY/PAIN MANAGEMENT) IN O.C. FOR THE PAST 30 YEARS. WITH MY VAST MEDICAL EXPERIENCE IN O.C, I WOULD LIKE TO CONTRIBUTE TO THIS COMMITTEE.

DATE: 4/23/25

APPLICANTS SIGNATURE: 

CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____ Deputy Clerk of the Board of Supervisors
Date referred: _____	
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> All BOS	<input type="checkbox"/> BCC Contact Person Name _____
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
	<input type="checkbox"/> BOS District 5

VAN H. VU, M.D.

Curriculum Vitae

BUSINESS ADDRESS:

[REDACTED]

EMPLOYMENT:

[REDACTED]

APPOINTMENTS:

Courtesy medical staff, Fountain Valley Regional Hospital
Past Chief, Pain Management Services, HB Hospital (HBH)
Past Chief, Department of Anesthesia, HBH
Past Chairman, Continuing Medical Edu Committee, HBH
Past Chair, Multidisciplinary Committee, HBH
Past Medical Executive Committee member, HBH

LICENSURE:

[REDACTED]

BOARD CERTIFICATION:

09/ 1998	Added Qualification in Pain Management, ABA #25985 Re-certified in 09/2008
04/ 1996	Diplomate, American Board of Pain Medicine #15196 (lifetime)
04/ 1995	Diplomate, American Board of Anesthesiology #25985 (lifetime)

POST-GRADUATE TRAINING:

1994 - 1995	Fellowship - Pain Management Multidisciplinary Pain Center University of Washington School of Medicine Seattle, Washington
1993-1994	Chief Administrative Resident - Anesthesiology Department of Anesthesiology Los Angeles County Medical Center/University of Southern California Los Angeles, California
1991 - 1994	Residency - Anesthesiology Department of Anesthesiology Los Angeles County Medical Center/University of Southern California Los Angeles, California
1990 - 1991	Transitional Internship Los Angeles County Medical Center/University of Southern California Los Angeles, California

CURRICULUM VITAE

Van H. Vu, M.D.

Page 2

EDUCATION:

- | | |
|-------------|---|
| 1986 - 1990 | Medical Doctor
University of Washington School of Medicine
Seattle, Washington |
| 1982 - 1986 | Bachelor of Science - Microbiology (<i>Cum Laude with Distinction</i>)
University of Washington, Seattle, Washington |

ADVANCED TRAINING:

- | | |
|------------------|---|
| 08/2012 | Ultrasound guided pain management injections course,
Sonosite, San Diego CA |
| 03/2009 | Radiofrequency Nerve Ablation Technique Course,
Stryker, Phoenix, AZ |
| 01/2009 | Dekompressor Percutaneous Discectomy Technique
(update) Stryker, Anaheim, CA |
| 02/2004 | Percutaneous Disc Discectomy and Decompression Technique
Course, DISC Nucleoplasty , Arthrocare, San Diego, CA |
| 09/2003 | Dekompressor Percutaneous Discectomy Technique Course
Stryker, The Consortium for Medical Education, San Diego,
CA |
| 06/1999 | Intradiscal ElectroThermal Annuloplasty (IDET) Technique
Course
Stanford University, Palo Alto, CA |
| 07/1998 | Epiduroscopy and Direct Spinal Therapeutic Injection, Technique
Course, MERI education center, Memphis, TN |
| 06/30/95-Current | Advance Cardiac Life Support |
| 05/1995 | Implantable Techniques Workshop (Spinal cord stimulation and
Intrathecal pumps)
Dannemiller Memorial Education Foundation
Medtronic, Inc., Washington D.C. |

FACULTY APPOINTMENTS:

1994 - 1995 Acting Instructor
 Department of Anesthesiology
 University of Washington School of Medicine and Affiliated
 Hospitals
 Seattle, Washington

PROFESSIONAL SOCIETIES:

International Association for the Study of Pain
American Medical Society
American Pain Society
American Academy of Pain Medicine
American Society of Anesthesiology
American Society of Regional Anesthesia

COMMUNITY ACTIVITIES:

Huntington Harbour Commissioner, city of Huntington Beach (HB) (2020-present)
Bolsa Chica Conservancy, Board Member (2024-present)
Fountain Valley Chamber of Commerce, Board Member (2023-present)
Huntington Beach Fire Outreach Foundation, Board Member (2021-2024)
Kiwanis Cal-Nev-Hawaii Children's Fund, Board Member (2024-present)
Past Lt Gov. (2023-2024), President, Kiwanis Club of HB (2021-2023)
Vietnamese Physician Association of So Cal (VPASC) board member (2012-2014)
Vice President, Vietnamese Physician Association of So Cal
 (2014-present, 1997-1999)
OC Vietnamese-American (OCVA) Lions founding member (2011-present)
Huntington Beach Comm Health - AltaMed, Advisory Board Member (2009-2016)
Advance Beauty College, Advisory Board Member (2010-present)
Little Saigon Radio AM1480, Weekly Health Program Lecturer (1999-2009)
American Cancer Society West Region Vice President (2001-2002)
American Cancer Society West Region Board Member (1998-2002)

BIBLIOGRAPHY:

1. Vu, MV, Richardson, ML, Vincent, LM, Sangeorzan, BJ, Patten, RM. A comparison of three methods of measuring heel varus angle with CT of normal and fractured hindfoot. *Clinical Research* 37(1):225, 1989.
2. Vu, MV, Richardson, ML, Vincent, LM. CT measurement of calcaneal varus angle in normal and fractured hindfoot. *Clinical Research* 37(2):531A, 1989.
3. Richardson, ML, Vu, MV, Vincent, LM, Sangeorzan, BJ, Benirschke, SK. CT measurement of the calcaneal varus angle in the normal and fractured hindfoot. *Journal of Computer Assisted Tomography* 16(2):261-264, 1992.



MEMORANDUM

To: Clerk of the Board

From: Supervisor Vicente Sarmiento, Second District

Date: April 29, 2025

RE: Items for May 6, 2025 Board of Supervisors Meeting

2025 APR 29 PM 4:35
RECEIVED
CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

Vicente Sarmiento

SHIC

Please add this as a supplemental item for the May 6, 2025, Board of Supervisors meeting:

Approve the sponsorship of the following nonprofit entities from the Second District events funds:

- Groundswell - \$1,000
- Garden Grove Chamber of Commerce - \$750
- Charitable Ventures - \$1,000
- Garden Grove Strawberry Festival - \$1,500
- Tustin Public School Foundation - \$1,250
- Alianza Translatinx - \$1,500
- Orange County Hispanic Chamber of Commerce - \$2,400

Recommended Actions:

1. Approve the addition or revisions of events to the FY 2024-25 County Event Calendar, as set forth in Attachment A, and per Government Code Section 26227, find that the events therein will serve a public purpose of the County of Orange and will meet the social needs of the population of the County, including but not limited to, the areas of health, law enforcement, public safety, rehabilitation, welfare, education, and legal services, and the needs of physically, mentally and financially handicapped persons and aged persons; that County staff and resources may be used in furtherance of such events; and that County staff may solicit donations of funds and services for such events.
2. Authorize Auditor-Controller to make related payments.



RECEIVED

2025 APR 30 AM 10:59

CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

Memorandum

To: Robin Stieler, Clerk of the Board

From: Vice Chair Katrina Foley, Fifth District

Date: April 30, 2025

RE: Addition of Supplemental Item to the May 6, 2025, Board of Supervisors Meeting

NA for KF

541D

Please place a supplemental item to the May 6, 2025 meeting of the Board of Supervisors:

Please allocate \$25,000 from Fifth District discretionary funds to the Saddleback Medical Care Foundation to invest in technology such as intraoperative radiation therapy, and provide screenings and educational offerings in Fifth District to prevent, detect, and treat skin cancer.

The MemorialCare Saddleback Medical Center Foundation is a 501(c)(3), nonprofit organization that raises funds exclusively for MemorialCare Saddleback Medical Center, a community-based, nonprofit hospital in Laguna Hills, CA.

I ask that the Board of Supervisors approve the following recommended actions at our May 6, 2025 meeting:

1. Allocate \$25,000 from Fifth District discretionary funds to Saddleback Medical Care Foundation.
2. Find under to Government Code section 26227 that his expenditure is necessary to meet the social needs of County residents.
3. Authorize and direct the County Executive Officer, or designee, to negotiate and enter into an agreement with Saddleback Medical Care Foundation as necessary to effectuate the purposes of this allocation, including, but not limited to, the allocation of funds to Saddleback Medical Care Foundation.
4. Authorize and direct the Auditor-Controller, or designee, to make related payments as necessary to effectuate the purposes of this allocation, including, but not limited to CAL-Card, electronic fund transfers of check payments.



RECEIVED

2025 APR 28 PM 12: 02

CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

400 West Civic Center Drive, Suite 202
Santa Ana, California 92701
Direct No.: (714) 834-3303
E-Mail: leon.page@coco.ocgov.com

LEON J. PAGE
COUNTY COUNSEL

Agenda Item No. SCS- 1
May 6, 2025

M E M O R A N D U M

April 28, 2025

TO: Robin Stieler, Clerk of the Board of Supervisors
FROM: Leon J. Page, County Counsel
SUBJECT: Request for Supplemental Closed Session

I am requesting a supplemental closed session on Tuesday, May 6, 2025 to discuss with the Board the status of existing litigation, pursuant to Government Code section 54956.9(d)(1).

Accordingly, please prepare the Agenda Item to read:

“CONFERENCE WITH LEGAL COUNSEL --
EXISTING LITIGATION Pursuant to Government Code Section
54956.9(d)(1).
Name of Case: *Orange County Flood Control District v. Fisher
Scientific Company LLC, et al.*, San Bernardino Superior Court
Case No. CIVSB2312118.

RECOMMENDED ACTION: Conduct Closed Session.”

Thank you.

LJP:vl

cc: Members of the Board of Supervisors
Michelle Aguirre, Interim CEO



RECEIVED

2025 APR 29 AM 10:58

CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

400 West Civic Center Drive, Suite 202
Santa Ana, California 92701
Direct No.: (714) 834-3303
E-Mail: leon.page@coco.ocgov.com

LEON J. PAGE
COUNTY COUNSEL

Agenda Item No. SCS- 2
May 6, 2025

M E M O R A N D U M

April 29, 2025

TO: Robin Stieler, Clerk of the Board of Supervisors
FROM: Leon J. Page, County Counsel
SUBJECT: Request for Supplemental Closed Session

I am requesting a supplemental closed session on Tuesday, May 6, 2025, to discuss with the Board the status of existing litigation, pursuant to Government Code section 54956.9(d)(1).

Accordingly, please prepare the Agenda Item to read:

“CONFERENCE WITH LEGAL COUNSEL --
EXISTING LITIGATION Pursuant to Government Code Section
54956.9(d)(1).
Name of Case: *David Castanon v. County of Orange, et al.*,
San Bernardino Superior Court Case No. CIVSB2416192.

RECOMMENDED ACTION: Conduct Closed Session.”

Thank you.

LJP:vl

cc: Members of the Board of Supervisors
Michelle Aguirre, Interim CEO



RECEIVED

2025 APR 29 AM 10: 58

CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

400 West Civic Center Drive, Suite 202
Santa Ana, California 92701
Direct No.: (714) 834-3303
E-Mail: leon.page@coco.ocgov.com

LEON J. PAGE
COUNTY COUNSEL

Agenda Item No. SCS- 3
May 6, 2025

M E M O R A N D U M

April 29, 2025

TO: Robin Stieler, Clerk of the Board of Supervisors
FROM: Leon J. Page, County Counsel
SUBJECT: Request for Supplemental Closed Session

I am requesting that a closed session be held on Tuesday, May 6, 2025, for the Board to consider various pre-litigation claims filed by members of the public for losses and damages incurred as a result of the September 2024 Airport Fire, as authorized under Government Code section 54956.9(d)(2).

Accordingly, please prepare the Agenda Item to read:

“CONFERENCE WITH LEGAL COUNSEL –
ANTICIPATED LITIGATION – SIGNIFICANT EXPOSURE TO
LITIGATION pursuant to Government Code section
54956.9(d)(2).
Number of Cases: Multiple.

RECOMMENDED ACTION: Conduct Closed Session.”

Thank you.

LJP:vl

cc: Members of the Board of Supervisors
Michelle Aguirre, Interim CEO



LEON J. PAGE
COUNTY COUNSEL

RECEIVED

2025 APR 29 AM 10:58

CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

400 West Civic Center Drive, Suite 202
Santa Ana, California 92701
Direct No.: (714) 834-3303
E-Mail: leon.page@coco.ocgov.com

Agenda Item No. SCS- 4
May 6, 2025

MEMORANDUM

April 29, 2025

TO: Robin Stieler, Clerk of the Board of Supervisors
FROM: Leon J. Page, County Counsel
SUBJECT: Request for Supplemental Closed Session

I am requesting a supplemental closed session on Tuesday, May 6, 2025 to discuss with the Board the status of existing litigation, pursuant to Government Code section 54956.9(d)(1).

Accordingly, please prepare the Agenda Item to read:

“CONFERENCE WITH LEGAL COUNSEL --
EXISTING LITIGATION Pursuant to Government Code Section
54956.9(d)(1).
Name of Case: *Claude Parrish, as County Assessor v. County of
Orange Assessment Appeals Board*, Assessment Appeal
Application Nos. 22-006020, 22-006021, and 23-000325.

RECOMMENDED ACTION: Conduct Closed Session.”

Thank you.

LJP:vl

cc: Members of the Board of Supervisors
Michelle Aguirre, Interim CEO



RECEIVED

2025 APR 30 PM 3:34

CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

400 West Civic Center Drive, Suite 202
Santa Ana, California 92701
Direct No.: (714) 834-3303
E-Mail: leon.page@coco.ocgov.com

LEON J. PAGE
COUNTY COUNSEL

Agenda Item No. SCS- 5
May 6, 2025

MEMORANDUM

April 30, 2025

TO: Robin Stieler, Clerk of the Board of Supervisors
FROM: Leon J. Page, County Counsel
SUBJECT: Request for Supplemental Closed Session

I am requesting a supplemental closed session on Tuesday, May 6, 2025, to discuss with the Board the status of existing litigation, pursuant to Government Code section 54956.9(d)(1).

Accordingly, please prepare the Agenda Item to read:

“CONFERENCE WITH LEGAL COUNSEL --
EXISTING LITIGATION Pursuant to Government Code Section
54956.9(d)(1).
Name of Case: *Dalia Rodriguez v. County of Orange*,
Orange County Superior Court Case No. 30-2023-01320400-CU-
WT-CJC.

RECOMMENDED ACTION: Conduct Closed Session.”

Thank you.

LJP:vl

cc: Members of the Board of Supervisors
Michelle Aguirre, Interim CEO



LEON J. PAGE
COUNTY COUNSEL

RECEIVED
2025 APR 30 PM 3:34
CLERK OF THE BOARD
COUNTY OF ORANGE
BOARD OF SUPERVISORS

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

400 West Civic Center Drive, Suite 202
Santa Ana, California 92701
Direct No.: (714) 834-3303
E-Mail: leon.page@coco.ocgov.com

Agenda Item No. SCS- 6
May 6, 2025

MEMORANDUM

April 30, 2025

TO: Robin Stieler, Clerk of the Board of Supervisors
FROM: Leon J. Page, County Counsel
SUBJECT: Request for Supplemental Closed Session

I am requesting a supplemental closed session on Tuesday, May 6, 2025, to discuss with the Board the status of existing litigation, pursuant to Government Code section 54956.9(d)(1).

Accordingly, please prepare the Agenda Item to read:

“CONFERENCE WITH LEGAL COUNSEL –
EXISTING LITIGATION Pursuant to Government Code Section
54956.9(d)(1).
Name of Case: *Alba Fierro v. County of Orange*,
WCAB Cases: ADJ17056032; ADJ6883819; ADJ2565716;
ADJ2808601; ADJ1073110.

RECOMMENDED ACTION: Conduct Closed Session.”

Thank you.

LJP:vl

cc: Members of the Board of Supervisors
Michelle Aguirre, Interim CEO